



**GREENSTOCK SNOW SPORTS  
SNOWMOBILE CLUB**

P.O. Box 7  
Bryant Pond, Maine 04219

**MEMBERSHIP APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ (Optional)

(Please list a beneficiary for MSA Insurance)

Membership Dues (2007-2008 Season) \*\* \$2,000.00 accidental insurance is included in dues for head of household

Individual	\$27.00	_____
Family	\$32.00	_____
Business	\$40.00	_____
Associate*	\$15.00	_____

\*(Only if MSA member already thru another club- list club name \_\_\_\_\_)

Additional dependent insurance \$2.00/ea \_\_\_\_\_

**TOTAL ENCLOSED** \_\_\_\_\_

For each dependent you are insuring, please complete the following information.

(Eligibility: Spouse and children under 18 years old)

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$2.00

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$2.00

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$2.00

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_