

CHIPPEWA SNOW CHASERS SNOWMOBILE CLUB

MEMBERSHIP APPLICATION

NAME(S) : _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

E-MAIL: _____

WEB SITE: _____

PLEASE CHECK ONE. I AM A CURRENT MEMBER: ___ I AM A NEW MEMBER: ___

NOTE: YOU WILL RECEIVE A MEMBERSHIP CARD IN THE MAIL AND YEARLY MEMBERSHIPS WILL EXPIRE ON NOVEMBER 1

() SINGLE: 1 YEAR - \$20.00

() SINGLE: 3 YEAR - \$50.00

() FAMILY 1 YEAR - \$25.00

() FAMILY: 3 YEAR - \$65.00

() COMMERCIAL 1 YEAR - \$50.00

DONATION TO BUILDING FUND \$ _____

DONATION TO CAMERA FUND \$ _____

DONATION TO SCHOLARSHIP FUND \$ _____

ADDITIONAL DONATION \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

SIGNED: _____ DATE: _____

MAIL THIS FORM TO: CHIPPEWA SNOW CHASERS
P.O. BOX 105
ECKERMAN, MI 49728