

You may enter information on the form, then print a copy for mailing -
Or if you prefer, print the empty form, and enter the information manually



2009-2010
Membership
Valid October 1, 2009
through
September 30, 2010

Eagle Lake Winter Riders

P.O. Box 294, Eagle Lake, Maine 04739
email: membership@eaglelakewinterriders.com
web: www.eaglelakewinterriders.com

MEMBERSHIP APPLICATION FORM

Member Name: _____
Mailing Address: _____
City, State, Zip _____
Telephone: _____
E-mail: _____
Date of Birth: _____
Beneficiary For Insurance: _____
Total Number of Members in Family: _____

Additional insurance for spouse and dependents is available at a cost of \$2.00 per dependent.
Eligible Dependents are the named member's spouse and any unmarried dependent child who is at least 14 days but less than 19 years of age, not in active military service. 'Children' includes natural, step, foster or adopted.

ADDITIONAL DEPENDENT INSURANCE:

Name: _____
Date of Birth: _____
Relationship to Club Member (check one): Spouse Child
Beneficiary for Insurance: _____

(If you would like to purchase insurance for additional dependents, include their information on a separate sheet of paper)

Membership Fees	With MSA Membership*	Without MSA membership
Individual:	\$27.00	\$15.00
Business:	\$62.00	\$50.00

*MSA membership includes \$2,000 AD&D insurance for the club member plus a subscription to Maine Snowmobiler. \$2 for each additional dependent insurance requested.

Checks should be made out to: Eagle Lake Winter Riders and mailed with this form to:

Eagle Lake Winter Riders
PO Box 294
Eagle Lake, ME 04739

TOTAL AMOUNT DUE: _____ Payment enclosed