



Lincoln Snowhounds Snowmobile Club 2009-2010 Membership Information

(Membership year is September 30, 2009 thru September 30, 2010)

MSA Club Affiliated Family Membership

Name: _____

Mailing Address: _____

City/Town: _____ State: _____

Zip: _____ Tel: _____ Date of Birth: _____

Total Number of People in Family: _____

E-mail Address _____

Beneficiary for MSA Insurance: _____

(Required for insurance coverage)

The member named on this form, as well as the named dependents, are provided with up to \$2000.00 of Accidental Death and Dismemberment Insurance, effective on the date of application: Coverage expires on September 30.

Additional Accidental Death and Dismemberment Coverage of Eligible Dependents
is available for \$2 per dependent.

Dependents Name: _____ Date of Birth: _____

Relationship: _____ Beneficiary: _____

Dependents Name: _____ Date of Birth: _____

Relationship: _____ Beneficiary: _____

Dependents Name: _____ Date of Birth: _____

Relationship: _____ Beneficiary: _____

Eligible Dependents are the named member's spouse and any unmarried child who is at least 14 days but less than 19 years of age and not in active military service. Children include natural, step, foster or adopted children.

Please remit \$25.00 for membership dues plus \$2 for each additional insured dependent.

Membership Dues **\$25.00**

of additional dependents to insure: _____ X \$2 each = \$ _____

Total due \$ _____

Please make checks payable to: **Lincoln Snowhounds** and mail this letter and payment to
Kelly Steward, Family Membership Chairperson, 104 Penobscot Valley Ave, Lincoln, ME 04457.