



**Saco Valley Snowdrifters
Snowmobile Club
P.O. Box 611
Parsonsfield, Maine 04068**

2014-2015 Membership Application

Name: _____ Date of Birth: _____
 Mailing Address: _____
 Physical Address: _____
 E-Mail Address: _____
 Telephone: _____ Cell Phone: _____
 Emergency Contact: _____ Phone : _____
 Address: _____
 Spouse/Significant Other: _____



MSA \$3,500.00 Accidental Death / Dismemberment Insurance

Dependent Children under the age of 18

Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____

Primary Member Beneficiary: _____
 Spouse/Significant Other Beneficiary: _____
 Children's Beneficiary: _____
 Affiliate Membership: Do you belong to another Snowmobile Club: _____
 Which Club: _____

Membership runs from October 1st to September 30th of each Year.

Affiliate Member, for those that belong to another snowmobile club, no benefits from MSA \$20.00

Single/Family / Membership subscription to the Maine Snowmobiler Newspaper, MSA Decal, eligibility for MSA Scholarship Fund, and \$3,500.00 Accidental Death and Dismemberment Insurance Policy \$30.00

Affiliate Member Dues: \$ _____
 Family Dues: \$ _____
 Donation: \$ _____
 Total Enclosed: \$ _____

Please make checks payable to: SVSD Snowmobile Club

Mail this form and payment to:

**SVSD
P.O. Box 611
Parsonsfield, Maine 04068**