

MT. CARDIGAN SNOWMOBILE CLUB

PO BOX 203 CANAAN NH 03741

mtcardigansnowmobileclub.com

Membership Application

Date: _____

Name: _____

Spouse's Name: _____

Phone Number: (____) - ____ - ____

Mailing address: _____

City/Town: _____ State: ____ Zip _____

E-mail Address: _____

Dues: NHSA Single Membership \$20.00 _____ NHSA Family Membership
\$25.00 _____

Please feel free to include a donation to our trails and grooming fund \$ _____

Make checks payable to Mt. Cardigan Snowmobile Club

Thank you for your support!

_____ For Treasury
Report _____

Date Received: _____ NHSA Member # _____ Check

Cash Amount _____ Date sent to NHSA _____