

FAMILY MEMBERSHIP APPLICATION \$25.00

APPLICANT INFORMATION		
Check here if this is a NEW membership application		
Check here if this is a membership RENEWAL application		
□ Check here if you DO NOT wish to receive the Maine Snowmobile Newsletter		
□ Check here if purchased your membership on the website (this form is optional)		
Application Date:		
Name:		
Primary Phone:	Mobile:	DOB:
Current address:		
City:	State:	ZIP Code:
Email:		No. of Family Members:
ADDITIONAL FAMILY MEMBER NAMES (OPTIONAL)		
ADDITIONAL MSA CLUB AFFILATIONS		
Please check this box if you are already an MSA member for the season.		
APPLICANT INFORMATION		
Please Make Check Payable to:		
Solon Snow Hawks PO Box 251		
Solon, ME 04979		
Please send application inquiries to: <u>solonsnowhawks@gmail.com</u>		
APPLICANT COMMENTS (OPTIONAL)		
Tell us about yourself. Are you a town land owner? Can you volunteer time, or equipment? Interested in grooming or trail maintenance? Please let us know:		