

Montana Nightriders Snowmobile Club
MEMBERSHIP APPLICATION

Date _____

Type of Membership (check one)

New: _____

Single: \$10.00 _____

Renew: _____

Family: \$20.00 _____

Business: \$25.00 _____

(Please include a new business card)

Name(s): _____

Business Name: _____ (please see reverse)

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Number of Snowmobilers in your family or business: _____

Trail Grooming Donation: _____

Join the Montana Snowmobile Association: Family \$22.00: _____
Business \$35.00: _____

MSA: www.snowtana.com/MSA

Membership Dues _____

Make checks payable and send to:

Trail Grooming Donation _____

Montana Nightriders

Join MSA _____

Box 420202

Total Enclosed _____

Haugan, MT 59842

Your cancelled check is your receipt.

Questions or Comments: Brooke Lincoln, membership chair: 406-678-4242

Your official membership card will be mailed to you following receipt of dues. This card is good for discounts and special offers at several of our business members' establishments. Watch your newsletter for these.