

This is an interactive pdf - You may enter information on the form, then print a copy for mailing -
Or if you prefer, print the empty form, and enter the information manually.

MAINE SNOWMOBILE ASSOCIATION, INC.

P.O. Box 80, Augusta, Maine 04332 • 7 Noyes Place, Augusta, Maine
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MSA FAMILY MEMBERSHIP APPLICATION FORM

MSA CLUB SELECTED:	
MEMBER NAME:	
MAILING ADDRESS:	
TOWN, STATE, ZIP:	
TELEPHONE:	
E-MAIL:	
DATE OF BIRTH:	
BENEFICIARY FOR INSURANCE:	
TOTAL NUMBER OF MEMBERS IN FAMILY:	
Accidental death/dismemberment coverage for primary member, named dependents included Eligible Dependents are the named member's spouse and any unmarried dependent child who is at least 14 days but less than 19 years of age, not in active military service. 'Children' includes natural, step, foster or adopted. ADDITIONAL DEPENDENT INSURANCE:	
NAME:	
DATE OF BIRTH:	
RELATIONSHIP TO MSA MEMBER: (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
BENEFICIARY FOR INSURANCE:	
Membership Fee: \$30 per Family Membership Checks should be made out to: The Maine Snowmobile Association and mailed with this form to: MSA, PO Box 80, Augusta ME 04332; or you may charge the amount due to your Mastercard or VISA	
TOTAL AMOUNT DUE:	<input type="checkbox"/> Payment enclosed
VISA #:	
MASTERCARD #:	
EXPIRATION DATE #:	
Signature:	