



# MT. SHASTA SNO-MOBILERS

P.O. Box 341

Mt. Shasta, CA 96067

Snow Phone: (530) 926-2824

<http://www.snowcrest.net/mssc>

**Mission Statement:** A nonprofit organization of dedicated snowmobilers working together to promote the safety and pleasure of snowmobiling for everyone's greater enjoyment of the sport. We work to retain for your multiple-use and enjoyment, your National Forests and other public lands. We provide you with a vital link to others whom enjoy your sport.

## MEMBERSHIP APPLICATION

DEAR LADIES and GENTLEMEN OF THE BOARD:

Herewith is my application for membership in the *MT. SHASTA SNO-MOBILERS INC.* snowmobile Club.

I, hereby, agree to be governed by the by-laws of this Club and decisions of the Board of Directors as are cognizant with the efficient management of the Club.

*(Please check all that apply, tape your dues to this side of the app., fold the app. in thirds with the Club address on the outside, tape closed, stamp and mail.)*

\_\_\_\_\_ New Membership

\_\_\_\_\_ Renewal Membership

\_\_\_\_\_ Single Membership (\$15.00)

\_\_\_\_\_ Family Membership (\$20.00)

*(Annual membership only: October 1st through September 30th.)*

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*(Receive current snow conditions, groomer reports, upcoming events and hotlines.)*

Legal dependent/s: \_\_\_\_\_

Snowmobiles: \_\_\_\_\_

***I do not*** wish to have the following information appear on the Club membership list:

*(Circle all that apply)*     My Name     My Address     My Phone     My E-Mail

*Please enclose your check or money order payable to Mt. Shasta Sno-Mobilers Inc.*

REVIEWED: \_\_\_\_\_  
BOARD OF DIRECTORS