

ROCKABEMA SNOW RANGERS MEMBERSHIP FORM

Name.....Date.....
Mailing Address.....Date of Birth.....
City/Town.....State.....Zip.....
Email (optional).....
Beneficiary for MSA Insurance

Additional Death and Dismemberment Insurance Coverage of Eligible Dependents is available for \$2.00 per dependant.

Dependent's name.....
Date of birth.....Relationship.....
Beneficiary.....

Dependent's name.....
Date of birth.....Relationship.....
Beneficiary.....

Dependant's name.....
Date of birth.....Relationship.....
Beneficiary.....

FAMILY MEMBERSHIP COST--\$27.00 (plus \$2.00 each dependant for ins.)
BUSINESS MEMBERSHIP COST-- \$35.00
ASSOCIATE MEMBERSHIP COST -- \$15.00

Please send payment to: ROCKABEMA SNOW RANGERS
P.O. BOX 898
PATTEN, ME 04765



Grooming over 125 miles of trails through
10 townships and
2 counties.