

ROCKABEMA SNOW RANGERS MEMBERSHIP INFORMATION FORM

DATE:.....

Name:.....

Mailing Address:.....

City/Town:.....State:.....

Zip:.....Tel:.....Date of Birth:.....

E-mail address: .....  
Optional

Beneficiary for MSA Insurance:.....

Additional Accidental Death and Dismemberment Coverage of  
Eligible Dependents is available for \$2 per dependent.

Dependents Name.....

Date of Birth.....Relationship.....

Beneficiary.....

Dependents Name.....

Date of Birth.....Relationship.....

Beneficiary.....

Dependents Name.....

Date of Birth.....Relationship.....

Beneficiary.....

FAMILY MEMBERSHIP COST -- \$25 PLUS \$2 EACH DEPENDENT  
BUSINESS MEMBERSHIP COST -- \$30  
ASSOCIATE MEMBERSHIP COST -- \$15

MAIL PAYMENT TO:

ROCKABEMA SNOW RANGERS  
P.O. BOX 898  
PATTEN, ME 04765

TOTAL PAYMENT TO ROCKABEMA SNOW RANGERS: \$ \_\_\_\_\_

