

Print out this page and fill out the information and send with it \$25.00 or \$15.00 for Associate Membership to:

Slippery Sliders Snowmobile Club

P.O. Box 164

Roxbury Me. 04275

MSA Family Membership	
Name:	_____
Mailing Address:	_____
City/Town:	_____
Zip Code:	_____
Telephone Number:	_____
Date of Birth:	_____
E-Mail Address:	_____
Beneficiary for MSA Insurance:	_____
Total Number of People in Family:	_____
Additional Accidental Death and Dismemberment Coverage is free this year for Dependents.	
Dependents Name:	_____
Date of Birth:	_____ Relationship: _____
Beneficiary:	_____
Dependents Name:	_____
Date of Birth:	_____ Relationship: _____
Beneficiary:	_____
Dependents Name:	_____
Date of Birth:	_____ Relationship: _____
Beneficiary:	_____