

Fillable Membership Form

Meet 1st Tuesday of the month @ 7:00 PM
October thru April
Trion Tavern,
503 Broadway St., New Haven, IN
www.triontavern.com



HOAGLAND BLIZZARD BLAZERS SNOWMOBILE CLUB, INC.

P.O. Box 146
Hoagland, IN 46745

Registration Form

Name: _____ Home Phone #: _____
Spouse: _____ Work Phone #: _____
Address: _____ Cell Phone 1 #: _____
City: _____ Cell Phone 2 #: _____
St/Zip: _____ E-Mail 1: _____
Dependents: _____ E-Mail 2: _____

I prefer to receive the Club newsletter by: (Select One) Mail _____ E-mail _____

Make Checks Payable To: **HBBSC**

Mail Checks To: PO Box 146, Hoagland, IN 46745

HBBSC Memberships: (Select One) New _____ Renewal _____

(Select One) Single Membership \$15.00 _____ Family Membership \$25.00 _____

Corporate Membership \$25.00 _____

Corporate Website: _____

For HBBSC Use Only

Date HBBSC Registration Rec'd: _____ Amount Received: _____ (Circle) Check or Cash

Any questions contact:

Barb Sorg (260) 639-6958

Email: hoaglandblizzardblazers@msn.com

Website: www.HBBSC.com



Thank you for Your Continued Support!

This is a fillable form. Once completed print it off and bring along to meeting or mail.