

OTISFIELD TRAIL BLAZERS

MEMBERSHIP APPLICATION FORM

FAMILY MEMBERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ (check one)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ TEL#( ) \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

E-MAIL ADDRESS: (optional) \_\_\_\_\_

FAMILY OR INDIVIDUAL MEMBERSHIP IS \$22.00. THIS INCLUDES MEMBERSHIP TO THE MAINE SNOWMOBILE ASSOCIATION {MSA}. MSA MEMBERSHIP INCLUDES INSURANCE FOR PRIMARY APPLICANT. \*\*ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE OF ELIGIBLE DEPENDENTS IS AVAILABLE FOR \$2.00 PER DEPENDENT

PRIMARY APPLICANT'S BENEFICIARY for MSA Insurance:  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\* IF OPTING FOR COVERAGE FOR DEPENDENTS OTHER THAN SPOUSE::

DEPENDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

Please make check payable to Otisfield Trail Blazers and mail to 55 Bow St. Otisfield, ME 04270

\* An Eligible Dependent is the named member's spouse and any unmarried dependent child who is at least 14 days, but less than 19 years of age and not in active military service. Children include natural, step, foster or adopted children.