



MEMBERSHIP APPLICATION FORM

Date _____

FAMILY MEMBERSHIP ☐

INDIVIDUAL ☐

BUSINESS ☐

BUSINESS NAME _____

OR

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____

ZIP CODE _____ TEL # (____) _____ DOB: _____

WE'D LIKE YOUR E MAIL ADDRESS: _____

FAMILY OR INDIVIDUAL MEMBERSHIP IS \$25.00 AND BUSINESS IS \$30.00
THIS INCLUDES MEMBERSHIP TO THE MAINE SNOWMOBILE ASSOCIATION (MSA).
MSA MEMBERSHIP INCLUDES INSURANCE FOR PRIMARY APPLICANT.

Please make check payable to Otisfield Trailblazers, 863 Gore Road, 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.