



MT. CARDIGAN

SNOWMOBILE CLUB

PO BOX 203 CANAAN NH 03741

mtcardigansnowmobile.com

Membership Application

Date: _____

Name: _____

Spouse's Name: _____

Phone Number: (____) - ____ - _____

Mailing address: _____

City/Town: _____ State: ____ Zip _____

E-mail Address: _____

Dues: Single Membership \$20.00 _____ Family Membership \$25.00 _____

Please feel free to include a donation to our trails and grooming fund \$ _____

Make checks payable to Mt. Cardigan Snowmobile Club

Thank you for your support!

Our meetings are on the third Thursday of the month October-April 7PM Fish & Game Club house on Ball Park Rd. All are welcome and encouraged to attend.

Check out our website and find us on Facebook.

_____ For Treasury Report _____

Date Received: _____ NHSA Member # _____ Check # _____ Cash Amount _____

Date sent to NHSA _____

~Please Ride Respectfully and Responsibly~