



PETOSKEY SNOWMOBILE
MEMBERSHIP APPLICATION

NAME:		
ADDRESS:		
CITY:		
STATE:		ZIP:
PHONE:		
CELL PHONE:		
EMAIL ADDRESS:		

MEMBERSHIP TYPE: ___ SINGLE (\$15 / YR) ___ FAMILY (\$30 / YR)

FAMILY MEMBER NAMES:

SIGNATURE: _____

PLEASE FILL OUT THE ABOVE FORM AND MAIL ALONG WITH YOUR DUES PAYMENT TO:
 PETOSKEY SNOWMOBILE CLUB
 P.O. BOX 853
 PETOSKEY, MI 49770

For Club Use Only

Application received on: _____
 Payment Received: _____
 Application accepted? (Y/N) _____
 If no, state reason: _____

CLUB SIGNATURE _____ DATE _____