

LYMAN SNOWMOBILE CLUB MEMBERSHIP APPLICATION
FAMILY MEMBERSHIP \$30.00
BUSINESS MEMBERSHIP \$40.00

NAME: _____ DATE: _____

ADDRESS: _____ ZIP: _____

CITY/TOWN: _____ STATE: _____

TEL: _____ DOB: ____/____/____

IN FAMILY: _____

EMAIL: _____

BENEFICIARY FOR MSA INSURANCE: _____

ADDITIONAL DEPENDENT INSURANCE: _____

NAME: _____ DOB: ____/____/____

RELATIONSHIP: _____ BENEFICIARY: _____

MAIL TO: LSC MEMBERSHIP C/O S. BRIGGS 621 S. WATERBORO RD.
LYMAN, ME 04002