



Elkhart County Snowmobile Club, Inc.

Membership Application

2009-2010

Name _____ Spouse _____

Address _____

Phone _____ Cell Phone _____

E-mail _____

Children's Names & Ages

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership Fees of
____ \$20.00 Single \$25.00 Family/business
Are due with this application

Children over the age of 18 must submit their own membership application.

Make Checks payable to the Elkhart County Snowmobile Club, Inc.
Remit to: P.O. Box 1302, Goshen, IN 46527-1302

I (we) wish to join and support the Elkhart County Snowmobile Club in an effort to make Indiana snowmobiling fun and safe for everyone.

By signing this application I hereby release the Elkhart County Snowmobile Club and/or its officers from any liability in the event of an accident or loss. I further understand that my family and I ride and travel at our own risk while snowmobiling.

Signed _____ Date _____