

Twin Pines Snowmobile Club	
Membership Application Form	
Member Name:	
Mailing Address:	
Town, State, ZIP:	
Telephone Number:	
Email:	
Date of Birth:	
Beneficiary for Insurance:	
Membership Fee: \$35 Individual/Family; \$60 Business; \$250 Bronze; \$500 Silver; \$1,000 Gold	
Total Amount Due:	Payment Enclosed? ◊
Visa/MC/Discover #:	3 digit code on back of card:
AMEX #:	4 digit code on front of card:
Expiration Date:	
Signature:	
Please Mail this form with check or payment attached/included to:	
TPS Club, P.O. Box 669, Millinocket, ME 0	4462