



# Norridgewock Sportsmen Association

P.O. Box 115

Norridgewock, Maine 04957

[www.norrsports.org](http://www.norrsports.org)



## Membership Application Form

*Please Print Clearly*

Dues for 20\_\_ - 20\_\_ Season      Is this a new \_\_\_ or renewal \_\_\_ membership?

### **Membership:**

**\*\*\* You must be a member of the club BEFORE you can choose MSA or ATV ME \*\*\***

Club: Individual / Family: \$15.00      Business: \$25.00      \$ \_\_\_\_\_

*(Family must live in same household)*

MSA: Individual / Family: \$12.00      Business: \$20.00      \$ \_\_\_\_\_

ATV ME: Individual / Family \$10.00      Business: \$20.00      \$ \_\_\_\_\_

Would you like extra insurance coverage (through MSA only)?

Number of dependents X \$2.00 each =(please list names on back of form)      \$ \_\_\_\_\_

*(List name, birthday, and relationship to member and beneficiary name on back of form for each person you are covering)*

Name of Member(s): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Total # of people in family: \_\_\_\_\_ Email Address: \_\_\_\_\_

If a Business Member who should we contact?: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Are you available to work on committee(s)? Yes \_\_\_ No \_\_\_

Name of Beneficiary (for life insurance) \_\_\_\_\_

Which committee(s) are you interested in?

\_\_\_ Landowner Relations    \_\_\_ Trail Work    \_\_\_ Fundraising    \_\_\_ Rides    \_\_\_ Officers

\_\_\_ Board of Directors    \_\_\_ Activities/Events    \_\_\_ Safety    \_\_\_ Help Where Needed

### **Donation:**

Perhaps you are not ready to join our club but would like to make a donation?      \$ \_\_\_\_\_

***In signing, I agree to obey all Club rules, regulations and all State and Federal Laws, and respect the rights of all landowners.***

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please make checks payable to: **Norridgewock Sportsmen Association**

**Total Amount Enclosed: \$ \_\_\_\_\_**