



**RIDGE RIDERS TRAIL CLUB**  
**P.O. BOX 200**  
**MACHIAS, MAINE 04654**



***MEMBERSHIP FORM***

Member Name          D.O.B.                  Beneficiary Name          D.O.B.

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Dependent(s) Name    D.O.B.                  Beneficiary Name          D.O.B.

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Member Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Beneficiary Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number Appropriate line(s)

_____ ATV Club Dues, ATV ME Family _____	\$12.00 _____
_____ ATV Club Dues, ASSOC. Member _____	\$10.00 _____
_____ Snowmobile Club Dues, MSA _____	\$20.00 _____
_____ Snowmobile Club Dues, ASSOC. _____	\$10.00 _____
_____ MSA Dependent, (family members-MSA insurance) _____	\$2.00 _____

All MSA members and their dependents along with beneficiary and dates of birth must be listed above.  
List more dependents on back of this form if not enough space available.

Total \_\_\_\_\_

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Temporary Receipt          Name \_\_\_\_\_

Please make checks payable:          Date \_\_\_\_\_

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Received by \_\_\_\_\_