



Individual / Family Membership Form

Club Name: _____
 Contact Name: _____
 Contact Phone#: _____
 Date: _____

Snowmobile North Dakota

N/R	I/F	#	Last Name	First Name	Spouse	Mailing Address	City	State	Zip	Phone	Email
1											
2											
3											
4											
5											
6											
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29											
30											
Total Payment: # of Individual/Family Members (_____) X \$20 =											

- *ALL COLUMNS MUST BE COMPLETED WITH THE EXCEPTION OF EMAIL.*
- *FAMILY MEMBERSHIPS COUNT AS 1 AND PAY \$20 FOR THE SND MEMBERSHIP.*
- *SECOND COLUMN: N stands for New Membership, R stands for a Renewal Membership.*
- *THIRD COLUMN: I stands for Individual Membership, F stands for Family Membership.*
- *FORTH COLUMN: this column only needs to be completed for Family Memberships. Please list the number of members in the family.*
- *LAST COLUMN: All members providing email will receive E-newsletter correspondence.*

***EACH INDIVIDUAL / FAMILY MEMBERSHIP COUNTS AS ONE MEMBER FOR VOTING PURPOSES: SND/SNDTP BYLAWS**