

Cochnewagan Trailblazers  
PO Box 153  
Monmouth, ME 04259-0153

**MEMBERSHIP FORM**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell (opt): \_\_\_\_\_

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

DOB: \_\_\_\_\_ (used for insurance covered in membership price)

Beneficiary for insurance: \_\_\_\_\_

Spouse's Name with DOB: \_\_\_\_\_

Child's Name with DOB: \_\_\_\_\_

Child's Name with DOB: \_\_\_\_\_

Child's Name with DOB: \_\_\_\_\_

Club Membership runs from October 1<sup>st</sup> through September 30<sup>th</sup>. Membership includes MSA &/or ATV ME dues and an AD &D insurance. "Children" include natural, step, foster, or adopted.

**Please check off membership category**

- |  |  |   |       |
|--|--|---|-------|
| <input type="checkbox"/> Trailblazers & MSA                      | \$35                                   | <input type="checkbox"/> Business Member <b>with</b> trail access (MSA only)    | \$50  |
| <input type="checkbox"/> Trailblazers & ATV ME                   | \$35                                   | <input type="checkbox"/> Business Member <b>without</b> trail access (MSA only) | \$35  |
| <input type="checkbox"/> Trailblazers & <b>BOTH</b> MSA & ATV ME | \$35                                   | <input type="checkbox"/> Additional Club Donation (optional)                    | _____ |
| <input type="checkbox"/> Trailblazers only                       | \$10 (please list primary club: _____) | TOTAL DUE   | _____ |

Donations are Greatly appreciated. We Thank you for Your Support! All Members are invited to attend club meetings and events. Club meetings are held the second Tuesday of the month at 7 PM at the Monmouth Fire Station.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_