



St. Helen Snowpackers

P.O. Box 514
St. Helen, MI 48656



2019-2020

Membership Application and Renewal Form:

Business Name: _____		
Last Name: _____	First Name: _____	DOB: _____
Spouse: _____	DOB: _____	Anniv: _____
Address #1: _____	Address #2: _____	
City: _____	State: _____	Zip: _____
Telephone: _____	E-Mail: _____	

yes: No Please send my monthly newsletter to the above e-mail address

The above named hereby makes application for membership in the St. Helen Snowpackers. He/She promises to promote and encourage good sportsmanship, to promote and encourage protection of the wilderness and wildlife.

Please circle: Snowpackers Membership: Single \$15.00 Family \$25 Business \$30

Make checks payable to: "St. Helen Snowpackers" Total Membership Dues \$ _____

Please sign and mail to the above address.

Signed _____ Date _____

Suggestions for future activities:

We could always use a helping hand if you have spare time. Please circle any areas you might be interested in and times you might be available.

- Snow Run
 No Snow Fun Run
 Event Set-Ups
 Clubhouse Clean-Up
 Brushing and Signing
 Grooming
 Club House Weekends
 Office Duties

For office use only:					
Date dues paid _____	Membership Type: S F B _____	Member Since _____	Date Entered _____	Cards Sent _____	Business Sign Sent _____