

Flathead Snowmobile Association

2007-2008 Membership Application



F.S.A. begins a new membership year every June

This form can be filled out using your PC

Name:

Company Name:

Address:

City:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

Email:

Date:

☐ I am New ☐ I am Renewing

Make checks payable to:

Flathead Snowmobile Association
PO Box 5041
Kalispell, MT 59903-5041
USA

Phone: 406-892-0513
www.flatheadsnowmobiler.com

I (We) would like to help with the following functions:

- | | |
|---|------------|
| <input type="checkbox"/> Pray for snow party | 11/10/2007 |
| <input type="checkbox"/> Night of Lights (Columbia Falls) | TBA |
| <input type="checkbox"/> January Family Day Ride | 1/13/2008 |
| <input type="checkbox"/> Whitefish Winter Carnival | TBA |
| <input type="checkbox"/> February Family Day Ride | 2/17/2008 |
| <input type="checkbox"/> March Family Day Ride/Doug Betters | 3/18/2008 |

Amount enclosed:

Flathead Snowmobile Association Only

Membership Rates

Flathead Snowmobile Association & Montana Snowmobile Association

- ☐ **Single \$10**
- ☐ **Family \$15**
- ☐ **Business \$25**

- ☐ **Single \$32**
- ☐ **Family \$45**
- ☐ **Business \$60**

How many snowmobilers in your family or business?

FSA will forward your application and dues to Montana Snowmobile Association

Visa/MC Only Expiration

Name on Card Signature

You can also use your credit card on our web site <http://www.flatheadsnowmobiler.com/join.cfm>

Member T.E.A.M. - Together Everyone Achieves More!

Thank you for your support!