

MSA CLUB MEMBERSHIP APPLICATION



NAME:..... DATE:.....

ADDRESS:..... ZIP:.....

CITY/TOWN:..... STATE:.....

TEL:..... DATE OF BIRTH:..... TOTAL # OF
MEMBERS IN FAMILY:.....

EMAIL ADDRESS:

BENEFICIARY FOR MSA INSURANCE:.....

ADDITIONAL DEPENDENT INSURANCE FOR:

NAME:..... DATE OF BIRTH:.....

MEMBER'S SPOUSE OR CHILD (CIRCLE ONE)BENEFICIARY:.....

ADDITIONAL DEPENDENT INSURANCE FOR:

NAME:..... DATE OF BIRTH:.....

MEMBER'S SPOUSE OR CHILD (CIRCLE ONE)BENEFICIARY:.....

MSA CLUB DUES: \$

Enclose Membership Dues and Return to Club:

BOWDOINHAM SNOWBIRDS

P.O.BOX 253

BOWDOINHAM, MAINE. 04008



Additional Dependent Insurance is available for a member's children or spouse at a cost of \$2 per dependent.