



# Easton Trailbreakers 2013/2014 Membership Application



**FAMILY MEMBERSHIPS:** New \_\_\_\_\_ Renewal \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name Of Beneficiary \_\_\_\_\_  
E Mail Address (Optional) \_\_\_\_\_

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## MEMBERSHIP DUES

FAMILY MEMBERSHIP-----\$30.00 \$ \_\_\_\_\_  
(Includes MSA Membership and Life Insurance on all family members)  
(If you belong to MSA through another club subtract \$15.00 and list the club)  
( \_\_\_\_\_ ) \$ \_\_\_\_\_

**TOTAL ENCLOSED-----\$\_\_\_\_\_**

*Please make check payable to:*

*Mail to:*

**EASTON TRAILBREAKERS**

**EASTON TRAILBREAKERS  
11 BOWERS ROAD  
EASTON, ME. 04740**

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*Information for the MSA life insurance*

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

RELATIONSHIP TO MEMBER \_\_\_\_\_

NAME OF BENEFICIARY \_\_\_\_\_

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NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

RELATIONSHIP TO MEMBER \_\_\_\_\_

NAME OF BENEFICIARY \_\_\_\_\_