Easton Trailbreakers
2016/2017 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:

EASTON TRAILBREAKERS

Mail to:

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_____