



P.O. BOX 10523 PORTLAND, ME 04104

MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name:

Address:

City:

State:

ZIP:

Email:

Opt out: I do NOT want to receive emails from the club!

TYPE OF MEMBERSHIP (PLEASE CHECK ONE)

Individual (\$25.00/year)

Family (\$40.00/year)

EMERGENCY CONTACT

Name:

Phone:

Relationship:

FAMILY MEMBERS (IF FAMILY MEMBERSHIP)

Name:

Email:

Name:

Email:

Name:

Email:

SIGNATURE

Signature:

Date:

FOR CLUB USE

Payment Type: Check Cash

Amount Received:

Received By:

Date:

Notes:

RECEIPT



P.O. BOX 10523 PORTLAND, ME 04104

Payment Type: Check Cash

Amount Received:

Received By:

Date: