

Arrowhead Snowmobile Club & Colorado Snowmobile Association

Membership Form

Family or Individual Membership

First Name _____ Last Name _____

Spouse Name _____ # of minor Children _____

Mailing Address _____

City _____ State _____ Zip _____

Sponsor (list name if anyone suggested you join) _____

Home Phone _____ Cell Phone _____

Business Membership

Business Name _____

Owner's Name or Contact Person _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

of snowmobiles owned _____

Amount to Remit: **Please circle the membership categories you are joining**
(you must join CSA if you join ASC. You don't have to join ASC)

Colorado Snowmobile Association Dues

Individual— \$22.00
Family- \$22.00
Business- \$32.00
Business & Family—\$54.00

Arrowhead Snowmobile Club

Individual- \$23.00
Family- \$33.00
Business- \$33.00
Business & Family- \$41.00

Amount Remitted \$ _____ Make check out to Arrowhead Snowmobile Club

Or pay by credit card

Credit Card # _____ Name on Card _____

Billing Address _____

Expiration Date _____

Mail this form and payment (if not paying with credit card) to:

Arrowhead Snowmobile Association

PO BOX 333

Cimarron, CO 81220

Attn: Membership

OR JOIN ON-LINE AT www.snowmobilecolo.com