LES CHENEAUX SNOWMOBILE CLUB

P.O. Box 154 - CEDARVILLE, MI 49719

CONTACT US: SNOW@LESCHENEAUXSNOWMOBILECLUB.ORG

Membership Application New____ Renewal____

Name		Date		
Address				
City	State	Zip		
Email address				
NOTE: It is our policy to email al { } I do not have email. Please	-	• .	•	
Names of Family Members unde	r your members	ship:		
Single/Family Membership DUE	\$ \$25.00	Amt Paid: \$		
*Support Donation (Deductible/We are	e a 501.(c)(3)	\$ <u>.</u>	*	
TOTAL		\$		
Please make check payable to L (Les Cheneaux Snowmobile Club PayPal - snow@lescheneauxsr) and mail to a			
please cut along th	e dotted line and	along with your use this receipt j		
	DONATIO	N RECEIPT		
*Thank you for your tax deductil 501.(c)(3) tax exempt organization		the Les Cheneau	ux Snowmobile Club.	We are a
Donation Amount \$		Date		
Your Name				

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