

Bridgewater Mountain Snowmobile Club



NHSA Club # 421

PO Box 368
New Hampton, NH 03256

www.bridgewatermtsnmc.org



Trail Conditions
Newsletters
Club Activities

Membership Application

Name: _____ Date: _____

Family Membership Info:

Spouse's Name: _____ Total Number of Family Members: _____

Mailing Address: _____

E-Mail Address: _____

Phone #: (_____) _____

Dues: Individual Membership = \$20.00 Family Membership = \$25.00

Please choose your membership preference(s) below:

1. Do you want to join the BMSC only? YES / NO
(Your entire fee will go to the BMSC)
2. Do you wish to be a member of the NHSA also? YES / NO
(\$10.00 of your fee will go to NHSA)
3. Are you an NHSA member through another club? YES / NO

Please feel free to include a donation to our trails/grooming fund: \$_____

Make all checks payable to: Bridgewater Mountain Snowmobile Club.

For Secretary's Use

Date Received: _____ NHSA Member #: _____ Check # or Cash _____
Date Sent to NHSA _____