

**GOD'S COUNTRY BLACK FOREST SNOWMOBILE CLUB
MEMBERSHIP FORM**

Full Name _____

Spouse or Significant Other's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____-_____

E-Mail Address: _____

Family Membership \$10.00

Single Membership \$ 7.00

PLEASE PRINT CLEARLY AND RETURN COMPLETED FORM WITH PAYMENT

**God's Country Black
Forest Snowmobile Club
Germania, PA**

Name _____

Family Membership \$10

Single Membership \$ 7

Date Paid _____

Check # _____

KEEP FOR YOUR RECORDS