## **Emily-Outing Snowbirds Membership Application**

October 18, 2020 to October 17, 2021

Return to: Emily-O PO Box Emily, N				
Name(s):				
Address:				-
City:	County:	State:	Zip:	
Home phone:	Lo	ocal or cell phone:		
Email address:				
Membership type (c Individual/Fa Business: \$7:	mily-includes children	up to age 18 and up to	25 if full time student:	\$30.00
Additional donation	to the Building/Equip	ment/Groomer Fund: \$		
Outing club will be label from your mos	membership dues with only \$10.00. Please list at recent copy of Minne	t the name of the other esota Snowmobiling ma	club(s) and <u>enclose a 1</u> agazine.	mailing
Your snowmobiling Years of Snow	background: mobiling: Num	ber of family members	: Number of Sle	eds:
•	would be willing to vol Trail work	•	0	
	ed to renew your memb cks should be payable	1 2	6	or for
	e placed on the club's e s, as well as the MnUS	-		nation
Visit our website at and other information	www.Snowbirdsmn.or	g or visit us on Facebo	ok for current trail con	ditions
Club processing onl Date & check #	y To MnUSA	A Mailing l	ist	