



Year 20____
**Harbor Springs Snowmobile Club
Membership Form**

Name (s) _____

Address _____

City _____ State _____ Zip _____

Membership Type

Single _____ \$25.00 Family _____ \$40.00

_____ # of Membership Stickers

YES, Please add me to your newsletter email list

NO, Do not add me to your newsletter email list

My email address is: _____

Please return completed form with checks made payable to HSSC to:

**Harbor Springs Snowmobile Club
P.O. Box 512
Harbor Springs, MI 49740**

www.harborspringssnowmobileclub.com