

2024-2025 Membership Transmittal Form

Available as an interactive, printable pdf on the MSA web site, www.mainesnowmobileassociation.com

A transmittal form must accompany the membership cards and payments sent to the office. This form can also be used to order additional membership materials. On the reverse of this form, enter the submitted members' names, addresses and card numbers. Phone numbers are optional. Add up the memberships and enter the number below. Family Membership dues are \$15. Business memberships are \$23.

NOTE: Super Raffle payments: A transmittal form is not required for Super Raffle payments, but a space is provided to note your club's Super Raffle payment. **To comply with state raffle rules we will require a separate check for club raffle payments.**

If an over or underpayment is made, the amount will be billed or credited to the club. If you have received a credit from the office, enclose the credit memo and subtract the credited amount from your sub-total. If you have received notice of an underpayment, add the underpaid amount to your sub-total.

Photocopy the completed transmittal for your records if you wish, then mail the transmittal form, membership cards and payment to MSA, PO Box 80, Augusta ME 04332.

Date of Transmittal: _____

DESCRIPTION	NUMBER	AMOUNT	TOTALS
FAMILY MEMBERSHIPS		X \$15 =	
BUSINESS MEMBERSHIPS		X \$23 =	
		Sub-total:	
		Subtract any issued credit or add any underpayment	
		MEMBERSHIP TOTAL: \$	

NOTE: CLUB SUPER RAFFLE PAYMENTS MUST BE SUBMITTED IN A SEPARATE CHECK

DESCRIPTION	NUMBER	AMOUNT	TOTALS
SUPER RAFFLE TICKET SALES <small>(Submit MSA portion of money only, remainder stays with the club)</small>		SUPER RAFFLE TOTAL: \$	

MATERIALS REQUEST	NUMBER:
Transmittal forms <small>or print copies at www.mainesnowmobileassociation.com</small>	
Family member cards	
Business member cards	
Family member decals	
Business member decals	
Business certificates <small>or print copies at www.mainesnowmobileassociation.com</small>	
Super Raffle Tickets	

Other requests / questions: _____

Club Name: _____

Membership Chair: _____

Mailing address: _____

Phone #: _____

OFFICE USE:
 DATE RECEIVED _____

CHECKS : _____

AMOUNT: \$ _____

CASH: \$ _____

OVER OR UNDER PMT: \$ _____

Please enter each submitted member's name, mailing address & card number. If a Supporting Business Membership, check the appropriate box.

NAME: _____

ADDRESS: _____

CARD #: _____

BUSINESS MEMBERSHIP PHONE: _____
optional

NAME: _____

ADDRESS: _____

CARD #: _____

BUSINESS MEMBERSHIP PHONE: _____
optional

NAME: _____

ADDRESS: _____

CARD #: _____

BUSINESS MEMBERSHIP PHONE: _____
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CARD #: _____

BUSINESS MEMBERSHIP PHONE: _____
optional