



White Mountain Ridge Runners

Year 20 _____ Membership Form

(PLEASE PRINT CLEARLY)

First & Last Name: _____

Spouse First & Last Name: _____

Address: _____

Address 2 (optional): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (Format = 5553331212)

Email Address _____

(Necessary for Online Registration)

County of Residence _____

Number of Snowmobiles: _____

Birth Date of Member: _____

(Required)

Child Under 18 - 1: _____

Child Under 18 - 2: _____

Child Under 18 - 3: _____

Child Under 18 - 4: _____

Child Under 18 - 5: _____

Comments:

Membership Fee \$ 35.00 STANDARD

Trail Supporter Donation (\$15.00) \$ _____ OPTIONAL
OR

Trail Blazer Donation (\$65.00) \$ _____ OPTIONAL

Other \$ _____ OPTIONAL

Grand Total \$ _____

Send application and your generous payment to:

White Mountain Ridge Runners
P.O. Box 425 • Berlin, NH 03570
www.whitemtridgerunners.com

(Checks may be made out to: **WHITE MOUNTAIN RIDGE RUNNERS**)