



Spring Grove Sno-Groves Snowmobile Club  
Membership Application

**Member Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information:**

Spouse Name: \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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**Snowmobile Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Snowmobile Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ IL Reg. # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ IL Reg. # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ IL Reg. # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ IL Reg. # \_\_\_\_\_

**Annual Membership Dues \$30.00**

I agree to abide by the rules, regulations, and By-Laws of the Sno-Groves Snowmobile Club and hold the Club, its officers, and members harmless in the event of personal injury, property damage, or death during any Club event or activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

Mail to: Sno-Groves Snowmobile Club  
c/o Sue Giese (Membership Chair)  
1816 W. River Terrace Drive  
Johnsburg, IL 60051

Amount Paid \_\_\_\_\_  
Check # \_\_\_\_\_  
Insurance Verified \_\_\_\_\_

Questions? Call Sue Giese (815) 385-1947