



Spring Grove Sno-Grovers 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: _____

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-Grovers 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-Grovers 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