

**RENEWAL
ST. HELEN SNOWPACKERS
MEMBERSHIP**

NAME _____ D.O.B. _____

SPOUSE _____ D.O.B. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE:(____) _____ E-MAIL _____

ANNIVERSARY: _____

**(PLEASE CIRCLE) SINGLE \$10.00 FAMILY \$20.00 BUSINESS \$25.00
MAKE CHECK PAYABLE TO: ST. HELEN SNOWPACKERS
MAIL TO: P.O. BOX 514 ST HELEN MICHIGAN 48656**