

MEMBERSHIP RENEWAL/ CENTRAL OREGON SNOWBUSTERS



NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____

E-MAIL: _____

Number of Persons (family or business): _____

Number of Snowmobiles: _____

Renewal: _____ or New: _____

Central Oregon Snow Busters Membership fee / \$15.00 _____

Oregon State Snowmobile Association Membership Fee/ \$25.00 _____

Total: \$ _____

If you have joined OSSA through another club, please indicate here

Please mail this renewal to:

CENTRAL OREGON SNOWBUSTERS

PO.BOX 9517

BEND, OR 97708

THANK YOU FOR SUPPORTING OUR CLUB!