



MDT BOF DUES REGISTRATION FORM

Please Print Clearly DATE: _____

FIRST NAME _____ LAST NAME _____ SPOUSE _____

SKP # _____ EMAIL ADDRESS: _____ PHONE _____

MAIL ADDRESS: _____ #: _____ CITY: _____ STATE _____ ZIP _____

TRUCK MAKE: _____ YEAR: _____ MODEL: _____

Dues are due on October 1 payable in US funds PLEASE CHECK OFF AMOUNT ENCLOSED

New Member Dues for the 1st year are: \$15.00 _____

Renew for 1 year: \$10.00 _____

Renew for 2 years: \$20.00 _____

You may pay in advance for up to 3 years: \$30.00 _____

Lapsed members may be reinstated for: \$15.00 _____

*If any of your contact information has changed please check here: (____)

*Members who have not renewed by November 30th will be dropped from the roster.

To JOIN OR RENEW please mail this completed form with check or money order

Payable to: Carrie Drake, Treasurer, MDT BOF

262 Hunkins Pond Rd.

Sanbornton, NH 03269

mail this copy

cut here and retain bottom copy

DATE PAID: _____ MDT BOF DUES RECEIPT email: mdt-www@escapees.com

web site: www.escapees.com/mdt

FIRST NAME _____ LAST NAME _____ SPOUSE _____

SKP # _____ EMAIL ADDRESS: _____ PHONE _____

MAIL ADDRESS: _____ #: _____ CITY: _____ STATE _____ ZIP _____

TRUCK MAKE: _____ YEAR: _____ MODEL: _____

Dues are due on October 1 payable in US funds PLEASE CHECK OFF AMOUNT PAID CHECK #

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Payable to: Carrie Drake, Treasurer MDT C-BOF

262 Hunkins Pond Rd. Sanbornton, NH 03269

**If your information changes during the year, please let us know.

* Retain this copy