SMOC Membership Form

SMOC would love to have you as a member. Membership perks include reduced map fees at local meets, and training sessions.

Membership f	fees are	for o	ne ye	ar.												
Mail to:																
SMOC Membe 1893 Lincoln I Canton MI 481	Orive															
PLEASE PRI	NT CL	EAR	LY:													
Date: _																
Name: _															_	
Address: _															_	
City: _															_	
State: _														 	 _	
Zip: _															_	
Telephone: _															_	
e-mail address	(if NOT	Γalre	ady re	eceiving	g Ema	ail):										
Renewal	_ N	ew M	Iembe	er		Ado	dres	s Cl	nang	e						
Membership t	ype:															
Individual (\$15	5/yr)		Fami	ly (\$25)	/yr)			_ S	cou	t Tr	oop (\$25/y	r)			
Contribution to) Map F	und:								ı						
We are always Would you like	_										acti	vities.				