

Membership Application

Check as appropriate:

- New member
- Renewal
- Address Change

Check as appropriate:

- Individual - \$15
- Family - \$25
- Troop - \$25

Contribution to Map Fund: \$ _____

Total enclosed: \$ _____

- I am interested in volunteering to help with club activities. (No experience needed!)

Date _____

Name _____

Address _____

City _____ State _____

Zip _____

Telephone _____

E-Mail _____

Are you a member of the United States Orienteering Federation (USOF)? Yes No

Send the completed application and check payable to SMOC to:

SMOC Treasurer
401 Tanahill
Dearborn, MI 48124