



Name: _____

Street: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

AMA#: _____

Single or Family Membership \$75.00 (Family membership includes spouse as well as children under the age of 18) Additional family members:

Name: _____ AMA# _____

Name: _____ AMA# _____

Name: _____ AMA# _____

Name: _____ AMA# _____

Please mail your club membership form and dues to:

S.M.M.A.C.

1921 Pheasant Run Dr NE

Owatonna, MN 55060