



ANNUAL MEMBERSHIP APPLICATION

Fifield Sno Drivers Snowmobile Club

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: (H) _____ (C) _____

IF FAMILY MEMBERSHIP, LIST SPOUSE AND/OR CHILDREN (19 years old and under)

IF AFFILIATED, NAME OF PRIMARY CLUB AND AWSC #

TYPE OF APPLICATION: (Circle One)

	Business	Family	Single
New	\$35.00	\$25.00	\$20.00
Renewal	\$35.00	\$25.00	\$20.00

Make checks payable to: Fifield Sno Drivers Snowmobile Club

MAIL THIS APPLICATION (with payment) TO:

Fifield Sno Drivers
N14494 Gerber Road
Park Falls, WI 54552