



CLUB MEMBERSHIP FORM

White River Ramblers Snowmobile Club

Membership Type: ~~Df/a Ufm(\$ &)~~ ~~GWbXfm(\$ %a)~~

Name: First Name _____ Last Name _____

Spouse: First Name _____ Last Name _____

Address: _____

City, State, Zip _____

E-Mail: _____

Phone #: _____

Note: We value your privacy. Your personal information will be kept confidential and will never be sold to third parties. It will only be used for communications you request related to the services provided by the White River Ramblers Snowmobile Club.

Name of snowmobile club: _____ White River Ramblers Snowmobile Club

Please return this form and check payable to: White River Ramblers Snowmobile Club
c/o Jim Palecek
171 Delander Dr
River Falls, WI 54022

If you have any questions, please feel free to call 715-222-6062 or email whiteriverramblers@gmail.com.