



CLUB MEMBERSHIP FORM

Membership Type: *Family (\$30)* *Secondary (\$12)*

Name: First Name _____ Last Name _____

Spouse: First Name _____ Last Name _____

Address: _____

City, State, Zip _____

Email: _____

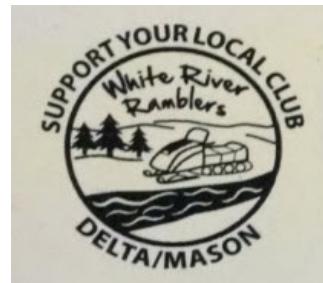
Phone #: _____

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 make check payable to: White River Ramblers Snowmobile Club

Please return this form to: White River Ramblers Snowmobile Club
c/o Lori Skaj
23415 Sutherland Rd
Mason, WI 54856



If you have any questions, please email whiteriverramblers@gmail.com.