



ANNUAL MEMBERSHIP APPLICATION

Fifield Sno-Drovers Snowmobile Club

Fifield, WI 54552

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PHONE: (H) _____ (C) _____

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

IF AFFILIATED, NAME OF PRIMARY CLUB WITH AWSC #:

TYPE OF APPLICATION: (Circle One)

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

(Checks payable to: Fifield Sno-Drovers Snowmobile Club Membership)

MAIL THIS APPLICATION TO:

Fifield Sno-Drovers
4346W Highview Drive
Park Falls, WI 54552
margitsnodrover@gmail.com