



ANNUAL MEMBERSHIP APPLICATION

Fifield Sno Drivers Snowmobile Club

Fifield, WI. 54552

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL ADDRESS: _____

PHONE: (H) _____ **(C)** _____

IF AFFILIATED, NAME OF PRIMARY CLUB: _____

TYPE OF APPLICATION: (Circle One)

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

Is this a NEW membership: Yes _____ No _____

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

MAIL THIS APPLICATION TO:

Fifield Sno-Drobers

N14609 Brahmstadt Road

Park Falls, WI. 54552

