

# Membership Form

## Northern Lights Snowmobile Club

Three Lakes, Wisconsin

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have primary membership in another AWSC snowmobile Club? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Club Name: \_\_\_\_\_ AWSC Membership # \_\_\_\_\_

### Amount | Description

\_\_\_\_\_ Family (\$35.00)

\_\_\_\_\_ Single (\$35.00)

\_\_\_\_\_ Trail Fund Donation

\_\_\_\_\_ **Total Enclosed**

By renewing my membership or becoming a member of Northern Lights Snowmobile Club, Inc., I agree to accept the by-laws of the club and operate my snowmobile in a safe and courteous manner.

**Send membership form and your check to:**

**Northern Lights Snowmobile Club**

**P. O. Box 344**

**Three Lakes, WI 54562**