



Snowmobile Club Membership Form

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail Address _____

Membership Type Single (\$25/year) Family (\$25/year) Secondary Club Membership (\$15/year)

Family Member Names _____

I want club correspondence via: _____ Mail _____ Email

Signature _____

If you belong to another club, please write the club name: _____

Please fill out the above form and mail along with your payment to:

**Chase Sno-Chasers
c/o Julie Zimmerman
260 S. Maple Ave
Oconto falls, WI 54154**