

Membership Application



NEW-TOM SNO FLEAS SNOWMOBILE CLUB

Date _____
Name _____
Spouse's Name _____
Address _____
City _____
State _____ Zip _____
Telephone _____
Do you belong to the AWSC with another club? _____

DESCRIPTION	AMOUNT
Dues: <input type="checkbox"/> Single Membership (unmarried persons only)	\$20.00
<input type="checkbox"/> Family Membership	\$35.00
<input type="checkbox"/> Donation	

TOTAL AMOUNT ENCLOSED \$ _____

Please send check or money order to:

**NEW-TOM SNO FLEAS
SNOWMOBILE CLUB**

P.O. Box 45
Lake Tomahawk, WI 54539

FOR TRAIL INFORMATION CALL: (715) 277-4558

OR visit our website

www.new-tomsnofleas.com

