



Snowmobile Club Membership Form

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

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

Family Member Names _____

Signature _____

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

All club correspondence will be via email unless requested otherwise.

Please mail membership form to:
Chase Sno Chasers Inc
PO Box 783
Pulaski, WI 54162