



## Membership Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Select Membership Type:

- Single \$25/year.  
(\$30 after December 1st)
- Couple / Family \$35/year.  
(\$40 after December 1st)
- Secondary Club  
Membership \$15/year

Family Member Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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

Please make out checks to: Chase Sno Chasers Inc

**NOTE: All membership sales are final.**

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