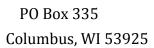
Columbus – Fall River Sno-Blazers Membership Application





			Date
Primary Member Nan	ne:		
•	Single \$20 crease by \$5 per 1	Youth \$1 Youth Member u membership ty	
Family Membership-	Spouse Name: _		
Children Name(s):			
Address:		_	
City St	ate	Zip	County
Email Address: Primary Member Spouse Phone #:			
Primary Member Spouse			
Volunteers make our clean Fundraising Kick-Off Bash Community Trail V Marking Trail Landowners Day	June Panca Vork Grooming	ike Breakfast Trail	ojects you can help with! July Pancake Breakfast Groomer Maintenance County Maintenance Reimbursement
at 7:30pm. Membershi of application, you will	p includes a subs receive an email	scription to the with your mem	n from September – April, beginning AWSC magazine. After submission abership number; your card will 1st and the 15th monthly.

Office Use Only: Date:______Paid:______Type:__