

Columbus – Fall River Sno-Blazers
Membership Application

PO Box 335
Columbus, WI 53925



Date _____

Primary Member Name: _____

Membership Type:

Family \$25 Single \$20 Youth \$10 Donation \$ _____

Youth Member under age 19

*Rates increase by \$5 per membership type after December 1st *

Family Membership- Spouse Name: _____

Children Name(s): _____

Address: _____

Street or PO Box

City

State

Zip

County

Email Address: _____

Primary Member

Spouse

Phone #: _____

Primary Member

Spouse

Volunteers make our club work! Please check which projects you can help with!

Fundraising

Kick-Off Bash June Pancake Breakfast July Pancake Breakfast

Community Trail Work

Marking Trail Grooming Trail Groomer Maintenance

Landowners Day Dodge & Columbia County Maintenance Reimbursement

Club meetings held on the Fourth Tuesday every month from September – April, beginning at 7:30pm. Membership includes a subscription to the AWSC magazine. After submission of application, you will receive an email with your membership number; your card will follow in 2-3 weeks. Applications are processed on the 1st and the 15th monthly.

Office Use Only: Date: _____ Paid: _____ Type: _____