Calumet Sno-Trails, Inc.

MEMBER INFORMATION

WEIVIBER INFORMATION				
First & Last Name:				
Address:				
City:	State:		Zip:	
Email address:				
Best phone number to conta	ct you:			
*please note - we communica	te via email, Facebook and o	ur web page.	We occasional	lly contact members by phone.
Spouse/Significant Other Info	ormation			
First & Last Name:				
Secondary Email:				
Secondary phone number:				
*please note - we communica	ite via email, Facebook and o	ur web page.	We occasional	lly contact members by phone.
Annual Membership Cost: \$1	IS OO Single		\$30 00 Family	y
Amidai Membersiiip Cost. 43	.5.00 Sirigic		\$30.00 Tarring	
s your membership a RENEW	AL? NEW	?		_
				may deduct \$12.00 from your
membership payment. Please	e provide the name of the clu	b		
and your AWSC member num				
•				
Please make a check pavak	ole to: CALUMET SNO-TRA	LS and mail	to 612 Graves	s Street, Chilton, WI 53014
Our club membership year is				,
Dues include \$12.00 that we	·			
membership with the AWSC.		•		
		-	_	current club/AWSC membership
	scounted snowmobile trail p	ass. Ordering	g information a	nd more information can be fou
at awsc.org				
Volunteer: Our club is busy m	post months of the year. They	o'c trail work	fund raising ar	ad building & aquipment
				to meet fellow club members w
have the same interest as you	_	_		
,				
Building & Grounds	Brush/ Mark Trails	Groo	omer	Other
Maintenance		Ope	rator	
				<u> </u>
			::	
	United We Trai	ii, Divided	We Fail	

Office Use Only: Amount Paid \$_____ Cash ____ Check number ____ Date Paid _____