



Snowmobile Club Membership Form

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

Membership
Type

☐

Single / Family
\$25/year. (\$30 after
December 1st)

☐

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