



VIKING SNOWDRIFTERS MEMBERSHIP FORM

www.vikingsnowdrifters.com

- New Membership
 Membership Renewal

Name: _____ Spouse/Partner: _____

Children: Name _____ Age _____ Safety Certified _____

Name _____ Age _____ Safety Certified _____

Name _____ Age _____ Safety Certified _____

Name _____ Age _____ Safety Certified _____

Address: _____

City, State, Zip _____

Phone: _____ Cell _____

Email: _____

How did you hear about us? _____

By joining, you will become a member of AWSC (Association of Wisconsin Snowmobile Clubs) and receive an AWSC membership card and a monthly magazine from AWSC.

Dues: \$25.00 Single or Family **Payable to:** Viking Snowdrifters

Send completed form and fee to: Jeremiah Bennett 1833 Oakview Dr Stoughton, WI 53589

Meetings are held the third Wednesday of the month at 7:00pm from September through April. See website for location.

Please note any areas of interest that you would like to be involved in as a club member

_____ Trail Installation / Removal & Maintenance _____ Trail Groomer Operation

_____ Club Rides, Tours, Outing _____ Fundraising Events

_____ Officer / Board Member _____ Holiday Party

_____ Other Idea: _____

Thank you for joining!