

Jack Pine Savages Snowmobile Club Membership

Application for 2024-2025 Season

____ New Member ____ Renewing Member (please check)

DATE:			
Last Name:	First Name:		
Spouse's First Name:			
Children's name(s) & ages:			(19 & Under only)
Home Address:			
City:		ate: Zip:	
Home Phone:	Mobile Phone:	Spouse's:	
Email Address(s):			
Secondary Address:	City:	State:	Zip:
Family Membership \$35.00 pe	r year Single Membership \$25.	00 per year	
Secondary Membership \$20.00	per year How many Snowm	obiles	
Our Club Membership period is	July 1, 2024– June 30, 2025.		
	bership to the AWSC (Association of Wisconship Sticker, Club Voting Rights in May Ele	· · · · · · · · · · · · · · · · · · ·	es: WISC Snowmobile
Please complete the form and i	mail form and check to:	m·se.m	İ
Jack Pine Savages Snowmobile Clu Stacie Wilson 14242 Waters Way New Berlin, WI 53151 Make check to: Jack Pine Sava			
SIGNATURE:	DATE:		

IF YOU RIDE OUR TRAILS, PLEASE JOIN OUR CLUB!!! www.jackpinesavages-adamscounty.com