



Please mail this form and your payment to:

Winter Huskies
Po Box 278
Winter, WI 54896

Membership Form

___ **YES! I want to become a Member of the Winter Huskies Snowmobile Club, Inc.**

Contact Name: _____

Other Family Names: _____

Phone: _____

Children under 18: _____

Address: _____

City: _____ State _____ Zip _____

Email Address: _____

Every member counts. Thank you for your support!

Membership Support Level:

_____ Individual or Family with AWSC—\$30.00 Total

_____ AWSC member in another Wisconsin Club

YES! I want to volunteer! ___ Events ___ Grooming ___ Brushing ___ Committees
___ Board of Directors ___ Other _____

Comments: