

Falcon Trail-Blazers Snowmobile Club

Membership Application

Season _____

Applicant(s) Information

First Name	Last Name	D/O/B	
Spouses Name (if applicable)			D/O/B
Address	City	State	Zip
Home Phone#	Cellular Phone#	E-Mail	
Emergency Contact & Phone Number			

Snowmobile Information

Year/Make/Model	Insurance Carrier
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Individual/Family Membership \$30.00

Membership includes one club decal and monthly club newsletter*. Also includes membership to the Kenosha County Snowmobile Alliance with decal, membership to the Association of Wisconsin Snowmobile Clubs (AWSC) which includes subscription to *Wisconsin Snowmobile News*, decal and membership card.

If accepted for membership, I agree to abide by all rules, regulations, and by-laws of the Falcon Trail-Blazers Snowmobile Club. I will not hold the Club, its officers, or its members liable in the occurrence of personal injury, property damage, or death which may ensue from any Club event or activity. I agree to register and maintain personal liability insurance on any of my snowmobile(s).

APPLICANT

CO-APPLICANT

Mail Application To: Falcon Trailblazers
23302 86th Place
Salem, WI 53168

(For Club Use) _____
 Amt.Pd _____
 Ck No. _____

Or for more information, call (262) 537 4669

Or visit our website, www.falcontrailblazers.org

*September through March