

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 also includes membership to the Kenosha County Snowmobile Alliance and the Association of Wisconsin Snowmobile Clubs (AWSC), and subscription to *Wisconsin Snowmobile News*, **Fee increases to \$32 if received after December 1.**

If accepted for membership, I agree to abide by all rules, regulations, and by-laws of the Falcon Trailblazers 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
25405 103rd St
Salem, WI 53168

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

Or for more information, call **(262) 909 8169**

Or visit our website, www.falcontrailblazers.org