



PRESQUE ISLE / WINCHESTER

SnoBunnies

SINCE 1969

MEMBERSHIP / RENEWAL FORM

This is a: Renewal Membership New Membership

Enter your AWSC ID Number (if known): _____

First Name: _____ **Last Name:** _____

Spouse Name: _____

Home Phone: _____ **Mobile Phone:** _____

Address: (street, city, state, zipcode)

Membership Type: \$40 Individual \$45 Family

Additional Donation Amount: \$ _____

Total Amount Enclosed: \$ _____

Mail this form & payment to:

Christa Byrnes
W3169 Morningside Rd
Sarona, WI 54870