



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: \_\_\_\_\_

Email Address: \_\_\_\_\_

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