MEMBERSHIP APPLICATION

PONIATOWSKI DARE DEVILS

| NAME: | Spouse Name: |
|---|--|
| ADDRESS: | |
| CITY, STATE, ZIP: PHONE/CELL#: | |
| | |
| How would you like to receive a monthly | newsletter? Mail or E-mail |
| If member of another snowmobile club list name of club and or your AWSC ID# if you know it: | |
| Family Yearly Membership - \$20.00 | Single Membership - \$15.00 |
| Mail Application along with check to: | |
| Marcia Paul – 232515 Pigeon Falls RD – Edgar WI 54426 | |
| Make check out to Poniatowski Dare Devils | |
| Questions call – 715-803-0222 | |
| Annual Membership dues include: | |
| 10 monthly club newsletters, membersh | ip in the AWSC (Assc. Of Wisconsin Snowmobile Clubs) |
| and 8 month subscription to the AWSC magazine and the discounted State Trail Pass. | |

THANKS FOR JOINING THE PONIATOWSKI DARE DEVILS!!!