



2023-2024 C.P. RIDERS MEMBERSHIP FORM

Primary Member Name: _____
Spouse Name: _____
Childrens Names: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
E-Mail Address: *(please print clearly)* _____

✓ As a club member, I would like to receive
Email updates (Monthly Newsletter, Etc) YES _____ NO _____

Single or Family Membership \$30

** Please note due to increase of AWSC dues we have increased our membership**

SECONDARY Membership \$15 - If you already have a primary membership with another club but would like to join the CP Riders please write the name of your Primary Club below. This is only \$15 because we do not need to send \$10 to the AWSC that your primary membership already covered.

Name of Primary Club _____

Your current AWSC/Club Membership will include a monthly subscription to the Wisconsin Snowmobile News Magazine (September-March)

NOTE: ** **All** memberships will expire June 30th, to be in inline with AWSC new sunset clause **
June 30th will now and going forward be the expiration date for all memberships

THANK YOU for joining the CP Riders Snowmobile Club

President: Sara Acker 608-445-5150 **Vice Pres:** Mark Fitzgerald
Secretary: Kristi Campbell 608-798-0165 **Treasurer:** Mike P
Exec. Trail: Brook Hayes 608-798-1060 **Trail Master:** Joe Helt 608-712-0228
Fundraising Chair: Rochelle Kruchten 608-354-1207
Groomer Chair:

*** ***Mail To:*** CP Riders PO Box 124, Cross Plains, WI 53528 ***