



2018-2019 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 \$25

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)

THANK YOU for joining the CP Riders Snowmobile Club

<u>President:</u>	Sara Frye	445-5150	<u>Vice Pres:</u>	Conner Sprecher	977-0455
<u>Secretary:</u>	Kristi Campbell	798-0165	<u>Treasurer:</u>	Mike P	
<u>Exec. Trail:</u>	Brook Hayes	798-1060	<u>Trail Master:</u>	Rob Frye	279-6280

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