

# Membership Application

(please print form and mail it in)

First Name

Last Name

Address

Address (Line 2)

City

State

ZIP Code

Phone

E-mail

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Annual Membership  
Jun 1st to May 31st  
of the following year  
(3 yrs for the price of 2)

Family \$40.00  
(2 votes per family)

Single \$30.00

Save Now

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Send your check payable to:  
Castle Rock Family ATV Club  
P.O. Box 185  
Necedah, WI 54646