



S.W.O.R.D.S. Club Membership Form

Family Membership:

1 Year \$20
2 Year \$30

Single Membership:

1 Year \$15
2 Year \$20

PLEASE PRINT THIS FORM & MAIL TO:

S.W.O.R.D.S.
PO BOX 1502
SUPERIOR, WI 54880

NAME(S): _____
(List all adults in household for membership cards)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (including area code)

1. _____

2. _____

EMAIL ADDRESS: _____