



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

Club Use Only

Year Exp _____

Membership List _____

Email List _____

Family Membership:

2 Year \$50

Single Membership:

2 Year \$30

Family Memberships may consist of up to two adults with or without dependent children through the age of 18 or while enrolled full time in post-secondary education and living together as a family unit.

PLEASE PRINT THIS FORM & MAIL TO:

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

Date: _____

NAME(S): _____
(List all adults in household for family memberships)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE (including area code)

1. _____

2. _____

EMAIL ADDRESS: _____
