**Coloma Pathfinders, Inc. Membership Application**

Complete the form, send to your printer, and mail with your check to the address at the bottom of this page.

**Name:**

**Address:**

**City: State:**

**Phone: Zip:**

**Email:**

**Membership:**

**# of machines:**

**1st Machine $20.00 \_\_\_\_\_\_\_**

**Additional Machines $5.00 each \_\_\_\_\_\_\_**

If submitted after 12/31/17add $1.50 \_\_\_\_\_\_

**Total check amount \_\_\_\_\_\_\_**

$10 of your dues goes to the AWSC for membership in the state organization which provides magazine, insurance benefits, legislative voice, all club mailings, and eligibility for $10 trail passes. Insurance includes spouses only.

Print - Send your check to:

Coloma Pathfinders, Inc.

Terra Lewko

421 N Rogers Rd

Coloma, WI 54930

I want an AWSC sticker \_\_\_\_ Yes \_\_\_\_\_ No (same every year)

\_\_\_\_\_ This is a renewal, I’m already a Pathfinders Member

\_\_\_\_\_ I’m a new member of the club.

\_\_\_\_\_ I’m a member of another club, this is a secondary membership. I’m a primary member in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I want to join because of the Cross Country Ski/Snowshoe Trails. I don’t need AWSC membership. ($20)