

Membership Application 2020/2021

First Name: _____

Last Name: _____

Mailing Address: _____ City: _____

Province: _____ PC: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email address: _____
(mandatory)

Children: _____
(under 18)

Membership fee: \$20.00 (flat rate)

Mailing Address:

South Interlake SnoRiders Inc
Box 1226
Stonewall MB R0C 2Z0