

# Membership Application 2024/2025

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(mandatory)

Children: \_\_\_\_\_  
(under 18)

Membership fee: \$20.00 (flat fee)  
Due: December 15, 2024

Accepted Payment:

- \* Cash
- \* Cheque: payable to South Interlake Snoriders
- \* e-transfer: southinterlakesnoriders@gmail.com

Mailing Address:

South Interlake SnoRiders Inc.  
Box 1226  
Stonewall MB R0C 2Z0