

Membership Application

2025/2026

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 1, 2025

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