

WISCONSIN FOUR WHEEL DRIVE ASSOCIATION MEMBERSHIP APPLICATION

DATE OF APPLICATION _____

NAME _____ SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL# _____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP _____ FAMILY _____ SINGLE _____ ASSOCIATE

VEHICLE MAKE _____ MODEL _____ YEAR _____

COLOR _____ ENGINE SIZE _____ LICENSE# _____

DRIVERS LICENSE # _____ STATE _____

SPOUSES LICENSE# _____ STATE _____

HOW DID YOU HEAR ABOUT THE ASSOCIATION _____

PLEASE INCLUDE: ONE TIME INITIATION FEE \$5.00

DUES \$20.00 FOR SINGLE OR FAMILY PER YEAR.

UNITED DUES ARE ANOTHER \$25.00 PER SINGLE OR FAMILY

ASSOCIATE DUES ARE \$50.00 PER YEAR.

MAKE CHECKS PAYABLE TO WISCONSIN 4-WHEEL DRIVE ASSOC.

SEND ALL OF THE ABOVE TO: 203 GRUENWALD AVE.

NEENAH, WI 54956-2040

PER ARTICLE I SECTIONS 5 & 6 THE ABOVE MEMBERSHIPS CAN NOT VOTE OR HOLD AN OFFICE IN THE ASSOCIATION.

IF ASSOC. IS ASKED TO USE THEIR MAILING LIST PLEASE CHECK YES OR NO IF OTHERS CAN HAVE YOUR ADDRESS. _____ YES _____ NO

