



Club Membership Application

☐ New Membership

☐ Renew Existing Membership

* Indicates a Required Field

First Name *

Spouse's First Name

Last Name *

Spouse's Last Name

Email *

Spouse's Email

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

County of Residence *

Phone Number

Alternate Phone Number

Mail application and check for \$30.00 to:

Waunakee Winter Wanderers

Attn: Club Treasurer

6796 Woodland Dr.

Waunakee, WI 53597

For Membership Coordinator

Use:

Receive Date: _____

Entry Date: _____

Deposit Date: _____