



Received By: _____

Membership Effective: _____

Member Information Form

Please Print Clearly! All information asked is required.

Card Holder's First Name _____ Spouse's Name _____ Last Name _____

Mailing Address _____ City _____ State _____ Phone _____

Card Holder's Date of Birth _____ Spouse's Date of Birth _____

Type of Member: Single Yearly _____ Single Lifetime _____ Family Yearly _____ Family Lifetime _____

Are you an ATVAM Member? Yes _____ No _____

How did you hear about the Crow River Wheelers? _____

Email Address _____

I **Sign Here** have read and understand the Bylaws of the Crow River Wheelers and understand they may change with notice. I promise to with hold by the laws of the club as long as I am a member of this club. The club bylaws are available via the website or by asking a club officer. This form can be turned in at a club meeting, Fun Sports of Hutchinson or mailed to PO BOX 536, Hutchinson MN 55350