

Mid Wisconsin ATV Trailblazers

Application for Membership

Name: _____

Street Address: _____

City, State and Zip Code _____

Email Address _____

Cost

Family membership \$15

Single membership \$10

Please mail application and check to:

Cindy Manecke
222503 Cty Rd M
Edgar WI 54426

Make checks payable to: Mid Wisconsin ATV Trailblazers