

C W R C M E M B E R S H I P A P P L I C A T I O N

Name(s) _____

Address _____

Phone _____ \$50 per person

Email _____ \$75 per married couple

Sponsoring Member _____ \$25 per youth (16 years or under)
(not required)

Please mail this form with payment to CWRC, W11114 County Rd M, Medford, WI 54451. Memberships are good through February 28th and are not pro-rated. For more info, please call (715) 785-7595 or visit our website at www.cwrclub.com.

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