



4 Lakes 4 Wheelers, Inc. Membership Application

Type of Membership:

- Family
 Single

Application Date: _____

Name: _____

Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

Your Driver's Lic. #: _____

Your Spouse's Lic. #: _____

Emergency contacts:

Name of Contact: _____ Phone #: _____

Name of Contact: _____ Phone #: _____

Indicate if you are interested in working in any of the following:

Trail Rides ___ Membership ___ Sunshine ___ Public Service ___ Land Use ___

Please select dues option:

Annual club dues: \$60.00 _____

Annual club dues with United dues: \$70.00 _____ (Available for Oct-Jan applicants)

How did you hear of the club?

Your Employer:

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Telephone #: _____

Spouse's Employer:

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Telephone #: _____

Vehicle(s) Information:

1. _____
Make Model Year Color Engine Size License

2. _____
Make Model Year Color Engine Size License

3. _____
Make Model Year Color Engine Size License

List Special Vehicle Equipment (including CB Radio, Winch, etc):

I hereby verify that I have and will maintain insurance in compliance with the minimum State of Wisconsin public liability requirements covering all vehicles participating in any club activities. Your application will be denied without your affirmation below.

Signature: _____

DO NOT WRITE BELOW THIS LINE

Approval Signatures:

Initiation Fee: \$ _____ Date: _____

Club Dues: \$ _____ Date: _____

United Dues: \$ _____ Date: _____

Return Membership Form to:

**Melissa Borde
N4815 Traut Rd.
Rio, WI 53960**