

# CWRC MEMBERSHIP APPLICATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Sponsoring Member \_\_\_\_\_

*(not required)*

- \$75 per person
- \$125 per married couple
- \$45 per youth (16 years or under)

Please mail this form with payment to **CWRC, W12596 County Rd M, Gilman, WI 54433**. Memberships are good through February 28th and are not pro-rated. For more info, please call (715) 668-5636 or visit our website at [www.cwrclub.com](http://www.cwrclub.com).