



2018 MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP: _____

NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ WORK: _____

EMAIL: _____

(Kwiniaska does not disclose email addresses to outside parties)

Junior members must indicate parent or guardian info below:

PARENT/GUARDIAN: _____ DAYTIME PHONE: _____

EMAIL: _____

**Please Send Payments To:
Kwiniaska Membership
PO Box 1329
Shelburne, Vermont 05482-1329**

**Make checks out to:
RAN VT Investments**

STAFF FILL IN BELOW:

Cart Membership? _____ Practice Facility? _____

Total Amount Due: _____ Final Payment Due By: _____

1st Payment: _____ Date: _____ Type of Payment: _____ CK#: _____ Balance: _____

2nd Payment: _____ Date: _____ 3rd Payment: _____ Date: _____

Existing GHIN? _____