



2021 MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

MAIN PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____

(Kwiniaska does not disclose email addresses to outside parties)

Existing GHIN#? _____

Junior members must indicate parent or guardian info below:

PARENT/GUARDIAN: _____ DAYTIME PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

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

STAFF FILL IN BOX:

Cart Membership? _____ Total Amount Due: _____

Deposit: _____ Date: _____ Type of Payment: _____ CK#: _____ Balance: _____

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

2nd Payment: _____ Date: _____ Type of Payment: _____ CK#: _____ Balance: _____

3rd Payment: _____ Date: _____ Type of Payment: _____ CK#: _____ Balance: _____