



## 2026 MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(Kwiniaska does not disclose email addresses to outside parties)

Existing GHIN#? \_\_\_\_\_ Member Referral? \_\_\_\_\_

**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*

### **STAFF FILL IN BOX:**

Cart Membership? \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ CK#: \_\_\_\_\_ Balance: \_\_\_\_\_

Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ CK#: \_\_\_\_\_ Balance: \_\_\_\_\_

Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ CK#: \_\_\_\_\_ Balance: \_\_\_\_\_

NEW OR RETURNING? \_\_\_\_\_ BAG TAG \_\_\_\_\_ POS: \_\_\_\_\_ CONSTANT C: \_\_\_\_\_