



2027 MEMBERSHIP FORM

TYPE OF MEMBERSHIP: _____

NAME 1: _____ DOB: _____

NAME 2: _____ DOB: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CELL PHONE 1: _____ CELL PHONE 2: _____

EMAIL 1: _____

EMAIL 2: _____

(Kwiniaska does not disclose email addresses to outside parties)

Existing GHIN#? _____ Member Referral? _____

NEW: Would you like to have your contact information shared with other members? Y/N _____

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: _____