**Pok-A-Snoz Membership Form**

Meeting Schedule – We meet every month on the first Thursday of the month at 7 pm unless otherwise voted on by the club. The location is voted on by the club and will rotate between, Backwoods Bar and Grill, Bullhead’s Bar and Grill, Jordan Bar and Grill, and the Groomer Shed.

**Events:**

* First Sunday of March – Annual Raffle at Backwood’s Bar and Grill
* Last Saturday of August – Steak Feed at Backwood’s Bar and Grill
* First Sunday of October – Landowners Appreciation at the Groomer Shed

Guest are welcome to the club meetings but will not be allowed to vote.

**Membership 2020-2021 cost $25.00** (Make checks payable to Pok-A-Snoz)

Your Name: Spouse’s Name (Must have a valid marriage license):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address (including zip code):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children Name(s) & Age(s) (Children over the age of 18 must obtain their own membership):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Yes – Primary AWSC membership is thru Pok-A-Snoz \_\_\_\_ No – Social Membership (use for ATV)

Club name if you belong to AWSC through another club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Read carefully before signing**: The undersigned applies for membership in the Pok-A-Snoz Club and does hereby agree to abide by all club rules and by-laws. I also acknowledge the risk of injury to myself and property while participating in club events and assume all risks of injury or damage arising out of such participation. I will not sue or make claim whatsoever again the Pok-A-Snoz Club or to any organizers of club events as a result of such participation.

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this form and payment to (checks payable to Pok-A-Snoz):**

Pok-A-Snoz

C/O Arlene Pukrop

3241 Cty Hwy X

Stevens Point, WI 54482

Payment Method: Cash  Check  Check #: \_\_\_\_\_\_\_\_\_\_