

**Association of Wisconsin Snowmobile Clubs
Director/Rep Change / Confirmation**

COUNTY: _____ Date change takes effect: _____
No Change _____

Please complete the form at the time of the yearly elections. Form is needed even if there is no change. Paying close attention to contact information in case it has changed.

DIRECTOR:

Name _____ Spouse Name _____
Address _____ City _____ State _____
Zip _____ Phone _____ Fax _____
E-Mail _____

Please indicate what you would like listed on your business cards

Name ___ Address ___ Phone ___ Fax ___ E-Mail ___

COUNTY REP:

Name _____ Spouse Name _____
Address _____ City _____ State _____
Zip _____ Phone _____ Fax _____
E-Mail _____

Please indicate what you would like listed on your business cards

Name ___ Address ___ Phone ___ Fax ___ E-Mail ___

Authorized Signature _____ Date _____

Mail to: Stormy Hovey, AWSC Office, 529 Trail Side Drive, DeForest, WI 53532
Phone: (608) 846-5530 / Fax: (608) 846-5534