

**Wild Wings Sportsmans Club  
Membership Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Business # \_\_\_\_\_  
 Fax # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Business # \_\_\_\_\_  
 Fax # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

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 E-Mail Address \_\_\_\_\_

**Type of Membership: Please check one**

- |                          |  |         |                          |  |         |
|--------------------------|--|---------|--------------------------|--|---------|
| <input type="checkbox"/> | 100 Pheasants, 4 Memberships           | \$2,250 | <input type="checkbox"/> | 50 Chukar, 2 Memberships               | \$950   |
| <input type="checkbox"/> | 100 Chukar, 4 Memberships              | \$1,750 | <input type="checkbox"/> | 25 Pheasant / 25 Chukar, 2 Memberships | \$1,125 |
| <input type="checkbox"/> | 50 Pheasant / 50 Chukar, 4 Memberships | \$1,950 | <input type="checkbox"/> | 25 Pheasants, 1 Membership             | \$725   |
| <input type="checkbox"/> | 50 Pheasants, 2 Memberships            | \$1,275 | <input type="checkbox"/> | Individual Club Membership             | \$195   |

**Signature** \_\_\_\_\_

**All Memberships will be subject to a 5% sales tax**

- Enclosed is my check
- Mastercard or VISA

Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Residence Zip Code \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

**Return to:**  
 Wild Wings Sportsman's Club  
 N865 Hwy W  
 Campbellsport, WI 53010