

AWSC COMMERCIAL SPONSORSHIP FORM

AWSC Club Commercial Sponsor Program

Name of Business:			
Owner's First Name:		Last Name:	
Spouse First Name:		Last Name:	
Business (Physical) Address	:		
City, State, Zip:			
Mailing Address (if differen	t than above)		
Street Address:			
City, State, Zip:			
Email:			
County where business is lo	ocated:		
Business Category – p	lease select the <u>one</u> that l	best describes you	r business:
Accommodations Automotive Bank/Credit Union Construction Food/Drink	Food/Drink/Lodging Fuel/Convenience Grocery/Food Related Hardware Insurance	Landscaping Lodging Organization Printing Real Estate	☐ Sales/Service/Parts/Access ☐ Sales/Service/Parts/Rentals ☐ Signage
Business Website:			
Business Phone #(s):			
Please provide some descri number if located on trail, a			e AWSC website (hours, specialties, trail
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Yearly Membership Cost varies by club.

Membership runs July 1 through 6/30 of the following year.

Questions? Call AWSC at 800-232-4108/608-846-5530 or email: awsc@awsc.org or stormyh@awsc.org

Please return form and payment for membership to your club of choice.