

Sitzmarker Ski Club

2016-17 MEMBERSHIP APPLICATION

Address: PO Box 11163, Albuquerque, NM 87192

Contact information: <http://www.nmsitzmarkers.org>

LAST NAME: _____ FIRST: _____

ADDRESS: _____
ZIP CODE _____

PHONES: #1 _____ #2 _____ #3: _____

E MAIL ADDRESS: _____

BIRTHDAY (No year requested): Month _____ Day _____

Signature _____ Date _____

(Second member if joining as a couple. Couples must reside at same address)

LAST NAME: _____ FIRST: _____

E MAIL ADDRESS: _____

BIRTHDAY (No year requested): Month _____ Day _____

Signature _____ Date _____

If new member(s), how did you hear about us?

[The above information is for Board Member Use ONLY. No information is sold or used for commercial purposes.]

Membership Fee For 2016-2017 (November 1 2016 thru October 31 2017) **\$20 single, \$30 per couple residing at the same address**

Check if: New Member _____ Renewal _____

***** Official Use Only *****

Date: _____

Payment method and amount: Cash \$ _____ Check # _____ Amount \$ _____

Membership Type: Summer _____

Received by: _____ Membership Card Provided: _____