

Sitzmarker Ski Club

2017-2018 MEMBERSHIP APPLICATION

Address: PO Box 11163, Albuquerque, NM 87192
Contact information: <http://www.nmsitzmarkers.org>

LAST NAME: _____ FIRST: _____

ADDRESS: _____ ZIP CODE _____

PHONES: Home _____ Cell _____

E MAIL ADDRESS: (for Club Correspondence) _____

BIRTHDAY (No year requested): Month _____ Day _____

Signature _____ Date _____

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

LAST NAME: _____ FIRST: _____

PHONES: Home _____ Cell _____

E MAIL ADDRESS: (for Club Correspondence) _____

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 Fees: Full Year (Nov 1 – Oct 31) **\$20** single ---- **\$30** couple *at same address*
Summer (May 1- Oct 30) **\$10**

Check: New Member _____ Renewal _____

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

Date: _____

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

Membership Type: Annual _____ Summer _____

Received by: _____ Membership Card Provided: _____