

Sitzmarker Ski Club

2024-2025 MEMBERSHIP APPLICATION

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

PLEASE PRINT CLEARLY!

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?

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

Date: _____

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

Payment method and amount:

Cash \$ _____ Check # _____

Other _____ Amount \$ _____

Credit Card _____

Membership Fees: Full Year (Nov 1 – Oct 31)
\$25 single ---- **\$40** couple *at same address*
(Check, Cash, Credit Card)

Membership Type: Annual _____

Are you a:
New Member _____ Renewal _____

Rec'd by: _____ Date: _____