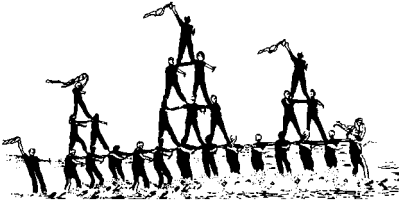


CRSSA-7



**Central Region
Show Ski Association**

APPLICATION for ASSOCIATE MEMBERSHIP

DATE: __/__/__

Club/Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

TYPE of MEMBERSHIP (check one):

Club outside of Central Region ___
Business Organization ___
Individual Person ___

DUES

Show Clubs Outside the Central Region: \$15
Business Organizations: \$50.00
Individual Persons: \$10.00

Total amount enclosed: \$ _____

**Return Registration Form to:
CRSSA Treasurer**