



**Central Region  
Show Ski Association**

CRSSA-1

## CLUB AFFILIATION APPLICATION

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DATE: \_\_/\_\_/\_\_

Club Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of members at this time: \_\_\_\_\_

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### DUES

Central Region Clubs: \$10 + \$1/Member

Total amount enclosed: \$ \_\_\_\_\_

**Return Registration Form to:  
CRSSA Treasurer**