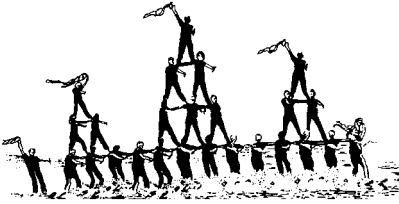


CRSSA-2



**Central Region
Show Ski Association**

CLUB RE-AFFILIATION APPLICATION

DATE: __/__/__

Club Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Number of members at the time the "CLUB AFFILIATION APPLICATION" was filled out: _____

Additional number of members at this time: _____

DUES

Show Clubs: \$1/additional member(s)

Total amount enclosed: \$ _____

Return Registration Form to:
CRSSA Treasurer