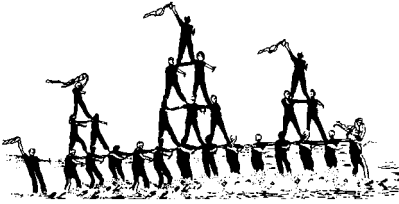


CRSSA-2



**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: \$ \_\_\_\_\_

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Return Registration Form to:  
CRSSA Treasurer