



**Central Region
Show Ski Association**

CRSSA-1

CLUB AFFILIATION APPLICATION

DATE: __/__/__

Club Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Number of members at this time: _____

DUES

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

Total amount enclosed: \$ _____

**Return Registration Form to:
CRSSA Treasurer**