



MEMBERSHIP FORM

Complete this form and mail to:

The Nordic and Backcountry Skiers Alliance
P.O. Box 3060
Sun Valley, ID 83353

Your Name:

Your Email Address:

Membership Type:

Individual \$25_____

Family \$50_____

Grassroots Organization \$100_____

Additional Donation \$_____

Credit Card Info:

Name on card:

Address:

CC # & expiration:

Grassroots Organization Info:

Name:

Address:

Mission:

Website: