



Minneapolis Ski Club



Supporter Membership Application

USSA Member Club # 5677349

Name _____ Date _____

Address: _____ City _____ State _____ Zip _____

Phone Number: (home) _____ (cell) _____ (work) _____

E-mail _____

Occupation _____

Skill-set/Club Contributions _____

Emergency Contact

Name _____ Phone _____ Phone #2 _____

Additional Members (Spouse or children)

Name	Age	DOB
1.		
2.		
3.		
4.		

Membership Fees for Jumping/Nordic Combined 2011-2012 Season:

Individual	\$65. ⁰⁰
Couple/Family	\$75. ⁰⁰
Tax Deductible Donation	\$1. ⁰⁰ / \$5. ⁰⁰ / \$10. ⁰⁰ / \$20. ⁰⁰ / \$50. ⁰⁰ / \$100. ⁰⁰ / Other _____
Donated Item:	
Grand Total	

Comments: _____

ACKNOWLEDGEMENT OF AND ASSUMPTION OF RISK RELEASE form is on the back of this application
Please turn over, fill out and sign. If the form is not signed your application will not be valid. Thank you.

FOR OFFICE USE ONLY:

Amount Paid _____ Date _____

Mode of payment: Cash / Check (#) _____ / Credit/Debit (Square)

Square Description _____

Processor Name _____

Processor Phone # _____

