

**U.S. Ski and Snowboard Association**

P.O. Box 100/1500 Kearns Blvd., Bldg. F  
Park City, UT 84060  
Phone: 435.647.2666 Fax: 435.647.2052  
E-mail: membership@ussa.org  
Internet Site: www.ussa.org



**MEMBER CLUB APPLICATION**

For Office Use Only

Please complete the following application and include payment of \$150 by check, credit card or money order made payable to:  
**USSA Member Club Program** and return to address above.

**Member Club Benefits Include:**

- Listing in the next season's printed Directory
- Listing in our Club directory on the USSA website
- Official USSA Member Club Certificate
- Ability to link your club from the USSA website
- Competition guides for your sport programs.
- Ability to sanction USSA events
- Access to Club Liability Program
- Updates and communication throughout the season
- Subscription to Ski Racing Magazine
- USSA directory

**\*\*Have a great season!\*\***

**CLUB MEMBERSHIP EXPIRES ANNUALLY ON JUNE 30**

**Information required for inclusion in USSA directory.**

Club Name \_\_\_\_\_

Are you a new USSA Member Club? Yes  No ; USSA Club Number \_\_\_\_\_

Club Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

**Please indicate the division in which your club participates:** (check only one box)

Alaska  Eastern  Intermountain  Pacific Northwest  Foreign   
 Central  Far West  Northern  Rocky Mountain

**Club Sports:** *Please check all sports affiliated with your club.*

Alpine  Disabled  Jumping/Nordic Combined   
 Snowboard  Freestyle  Cross Country

In what year was your club founded? \_\_\_\_\_

**Please indicate all of the activities that apply to your club:**

Camps  Race Dept  Athletic Programs  Recreational   
 School  Foundation  Events

**President:** \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Head Coach:** \_\_\_\_\_

**Administrator/Secretary:** \_\_\_\_\_

**Method of Payment (Do not send cash)**

Please note: there will be a \$25 returned check fee.

Check # \_\_\_\_\_

VISA/Mastercard \_\_\_\_\_

The U.S. Ski team prefers VISA

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_