



New York Capital District Ski Council

Application for Membership

Date: _____

Club Name: _____ Application for: _____ Club Membership

Address: _____ Associate Member

Web Page: _____

OFFICERS	Name	Email	Phone (Include Area Code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year Club Formned _____ Members _____

Explain a little about your club:

I _____ am requesting membership in the New York Capital District Ski Council Inc. and agree to abide by the NYCDSC constitution.

Sign _____ Print _____ Date _____

Please provide a check in the amount of \$10.00 payable to NYCDSC for the application fee

This fee will be refunded in event application denied.

Note: Membership dues are \$10.00 per year and \$0.15 per club member based on previous year's membership