



SUPPORTING ORGANIZATION APPLICATION

Business Name _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Type of Organization:

ski outdoor environmental trade consumer other

Mission statement of organization? _____

Membership is comprised of _____

Total number of members is _____

How often does the organization meet? _____

Does the organization maintain a full time office? _____

Type of Business:

adventure travel travel agency college or university other

Our product or service is _____

Our customers are _____

Qualifications/Exclusions

Any organization maintaining cross country ski trails does not qualify for supporting membership. Ski trail organizations are welcome to apply for ski area/facility membership. Any business selling products or services to ski areas does not qualify for supporting membership. Suppliers to ski areas are welcome to apply for supplier membership.

Membership Agreement

I hereby apply for membership in, and agree to support CCSAA. I agree to abide by the Bylaws and any rules and regulations thereof, and to all times, further the purposes of that association.

Signature _____ Title _____ Date _____

Annual Dues

Payable by check, Mastercard or Visa. Amount Enclosed \$ _____