



RETAILER and MAIL ORDER APPLICATION

Contact Name _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal _____

Telephone _____ Fax _____

E-mail _____ Website www. _____

Number of Stores:

Mail Order Catalog:

National Retailer:

Outdoor Specialty (ies):

- | | | | | |
|-------------------|-----------------|-----------------|------------------------|---------------|
| xc skiing | ski joring | alpine skiing | backpacking | rock climbing |
| canoeing/kayaking | in-line skating | mountain biking | exercise equipment | |
| running/jogging | footwear | clothing | other (please specify) | |

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 at all times, further the purposes of this Association.

Signature _____ Date _____

Application is not valid without signature.

Annual Dues

Payable in U.S. funds by check, MasterCard or Visa

Amount Enclosed \$ _____

For Our Files

Please be sure to include your brochure, catalog, and/or information.

CCSAA is a 501-c-6 non-profit association as defined by the IRS. Payments may be tax deductible as a business expense. Contributions or gifts are not deductible as charitable contributions.