

SKI COUNTRY APPLICATION

NAME \_\_\_\_\_

SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

USA ANNUAL DUES PER FAMILY \$15.00 \_\_\_\_\_  
OUTSIDE USA PER FAMILY \$20.00 \_\_\_\_\_

Make checks payable to Ski Country. All money in US funds only. You may pay using

Visa # \_\_\_\_\_ MasterCard # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

MAIL TO:  
SKI COUNTRY  
P.O. BOX 473  
SUGARCREEK, OH 44681