

ASRA Membership Application Form: 2016-2017 Season

Family membership: Parent(s) and children 20 and younger at same address

Individual \$35.00

Family \$55.00

First Name

MI

Last Name

ASRA No. (if renewing)

Street Address

Birthdate

Male

Female

City

State

Zip Code

Ski Club name (optional)

e-mail Address

Phone Number - primary

Phone Number - secondary

Include name(s), gender, and DOB on reverse of form for additional members at same address

Make check payable to ASRA and send to ASRA, PO Box 467, Chinchilla, PA 18410