



FAR WEST NORDIC

2010/2011 MEMBERSHIP FORM

JOIN NOW for 2010/2011! Or join on-line at www.farwestnordic.org.
Far West membership year runs from October 1, 2010-September 30, 2011.
Make checks payable to FWNSEA
MAIL TO: FWNSEA, P.O. BOX 10046, TRUCKEE, CA 96162

SUPPORTING: Those wishing to donate a major level of support.
RACING: Eligibility to compete and be scored in Far West race series: Fischer Cup, Sierra Ski Chase, Masters Challenge
BASIC: Ski area discounts*FW clinics & programs* Sierra Ski Chase participation* FW website access to archived race results, photos, articles
JUNIOR: Far West junior programs and trips*FW scholarships* Sierra Ski Chase participation

for detailed descriptions of all Far West benefits visit www.farwestnordic.org

PRIMARY OR INDIVIDUAL MEMBER

FIRST NAME _____ LAST NAME _____ EMAILADDRESS _____

BIRTH DATE
[][] [][] [][][][]
MONTH DAY YEAR

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

ADDITIONAL FAMILY MEMBERS (for family memberships only - all members must reside at the same address)

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS _____

BIRTH DATE
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MONTH DAY YEAR

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS _____

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS _____

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS _____

MEMBERSHIP TYPE

- Supporting Individual.....\$100
- Supporting Family.....\$150
- Racing Individual.....\$45 (\$55 after 12/31)
- Racing Family.....\$75 (\$85 after 12/31)
- Basic Individual.....\$20 (\$30 after 12/31)
- Basic Family.....\$35 (\$45 after 12/31)
- Junior (single member under 20).....\$10

CHECK ONE

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Far West may occasionally provide our mailing list to ski industry organizations and/or manufacturers. If you do NOT want your name included on this list, please check.

ADDITIONAL DONATION.....

TOTAL ENCLOSED.....

Far West membership dues may be fully tax deductible given the nature of benefits associated with membership and as we are a 501(c)(3) California non-profit corporation. Check IRS publication 526 for more information or with your accountant regarding your tax deductibility.

CREDIT CARD NUMBER (VISA or MASTERCARD ONLY)

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EXPIRATION DATE

[][] [][]
MONTH YEAR

NAME ON CARD _____

CARD BILLING ADDRESS (if different from above) _____