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. Thank you!
RACING: All Basic benefits PLUS eligible 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)*

BIRTH DATE

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS_____ ☐☐ ☐☐ ☐☐

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS_____ ☐☐ ☐☐ ☐☐

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS_____ _____ ☐☐ ☐☐ ☐☐

FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS_____ ☐☐ ☐☐ ☐☐

MONTH DAY YEAR

MEMBERSHIP TYPE

CHECK ONE

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 ☐

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) ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ **EXPIRATION DATE** ☐☐ MONTH ☐☐ YEAR

NAME ON CARD _____

CARD BILLING ADDRESS (If different from above) _____