

**U.S. Ski and Snowboard Association**  
P.O. Box 100 / 1 Victory Lane  
Park City, UT 84060  
Phone: 435.647.2666  
Fax: 435.647.2052  
Email: [membership@ussa.org](mailto:membership@ussa.org)  
Internet: [www.ussa.org](http://www.ussa.org)



For Office Use Only

### MEMBER CLUB APPLICATION

Please complete the following application and include payment of \$150 by check, credit card or money order made payable to USSA.  
Club registrations may also be submitted by phone, fax or email.

#### Member Club Benefits Include:

- Listing in USSA's online club directory
- Ability to link your club from the USSA website
- Competition guides for your sport program(s)
- On demand club rosters
- Ability to conduct USSA and FIS competitions
- Access to the club Liability Insurance program
- Additional communication through the season
- Subscription to *Ski Racing* magazine

#### CLUB MEMBERSHIP EXPIRES ANNUALLY ON JUNE 30

Information required for inclusion in USSA directory.

**Club Name** \_\_\_\_\_

Are you a new USSA Member Club? Yes  No  : **USSA Club Number** \_\_\_\_\_

**Club Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_ **Website** \_\_\_\_\_

Please indicate the division in which your club participates: (check only one box)

- Alaska                       Central                       Eastern                       Far West  
 Intermountain               Northern                       Pacific Northwest               Rocky Mountain

**Club Sports:** Please check all sports affiliated with your club.

- Alpine                               Cross Country                       Adaptive  
 Freestyle                               Jumping Nordic Combined                       Snowboard

In what year was your club founded? \_\_\_\_\_

Please indicate all of the activities that apply to your club:

- Camps                       Race Dept                       Athletic Programs                       Recreational  
 School                       Foundation                       Events

**President** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Head Coach** \_\_\_\_\_ **Email** \_\_\_\_\_

**Administrator / Secretary** \_\_\_\_\_ **Email** \_\_\_\_\_

<p><b>Method of Payment</b> (Please do not mail cash)</p> <p>Please note: Returned checks will incur a \$25 returned check fee.</p> <p>Check # _____</p>	<p><b>Visa/Mastercard</b> _____</p> <p>Exp. Date _____ <b>The U.S. Ski Team prefers VISA</b></p> <p>Signature _____</p>
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