



2009-2010 Membership Application

Annual membership – 10/1/2009 to 9/30/2010

NSAA is a 501C(3) organization (Tax ID#23-7232617). Donations are tax deductible.

They're our trails.
 Let's make them great.

Join us today!

nsaa

203 W 15th ave, #204
 anchorage, ak 99501
 907-276-7609, fax 907-258-7609
 nsaa@alaska.net

No extra charge
 for joining online at
AnchorageNordicSki.com

LEVELS OF MEMBERSHIP: (Circle one)

	<u>Single</u>	<u>Family</u>
Trail Member - Receives a NSAA Sticker	\$20	\$40
Trail User - Receives a NSAA Sticker & Trail Pin	\$75	\$150
Trail Meister - Receives a NSAA Sticker, Trail Pin & (New this year!) NSAA T-Shirt (1/ single, 2/family)	\$150	\$300

Membership (See amounts above.)

Select your level: Trail Member Trail User Trail Meister **\$_____**

Trail Users & Meisters receive 1 pin per family member. How many? Adults____ Kids ____

Trail Meisters: Indicate shirt size (XS-S-M-L-XL): Shirt #1 ____ Shirt #2 ____ No Shirt____

Additional Items: Dog Tags at \$15 each (How many would you like? _____) **\$_____**

Additional donations help make the trails even greater! **\$_____**

2009/2010 NSAA Calendar at \$12 each (How many? _____) **\$_____**

Total Amount Enclosed **\$_____**

Please check with your employer regarding their matching gift program!

Name: _____ Spouse: _____

Address: _____ City: _____ State: __ Zip: _____

Phone: (H) (_____) _____ (W) (_____) _____ E-mail: _____

Children: _____

Waiver and Release: I understand the risks and dangers inherent in Nordic skiing; I, for myself and my family members, accept and assume all such risks and agree to release and discharge NSAA, Inc., its officers, directors, employees and volunteers from any and all claims based on accidents or injuries, including death, directly or indirectly connected with any NSAA-sponsored activity.

Signature _____ **Date** _____

MAKE CHECKS PAYABLE TO NSAA or USE YOUR CREDIT CARD (Visa or MC only)

Card #: _____ - _____ - _____ Exp. Date ____ / ____ 3 digit code _____

Signature _____ Date _____

Your Billing Address (PRINT) _____

City: _____ State: _____ Zip: _____

Office Use Only

Batch # _____

Amt. _____

Ck/Ref# _____

Source: **Website**