



# 2017-2018 NSAA Membership

join online at [www.anchoragenordicski.com](http://www.anchoragenordicski.com)

## About NSAA

NSAA's community spirit, tenacity and volunteer-driven support truly embody Anchorage's "Live, Work, Play" vision. NSAA continues providing trail work, high quality Nordic programs and community oriented events for all. As a non-profit, NSAA's success and work relies on individuals and families that support the common vision of a healthy Anchorage.

### Check for the following:

- Decal
- Trail Pin and/or Kid Pin
- Paper Newsletter (default is email version)



## Levels of Support

Single   Family

- Trail Meister      \$350    \$700
- Trail Blazer        \$175    \$350
- Trail User            \$85     \$170
- Trail Member        \$35     \$70

**Support NSAA year-round! Check to make your donation monthly by splitting the above amount into twelve donations.**

Additional donation: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

### Trail Blazers & Trail Meisters: Choose one below

- Surprise me! I'll receive a random membership gift
- NSAA "I Love Trails" Buff (first 250 Blazers & Meisters)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Spouse/Partner Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Children: \_\_\_\_\_

For information about gifts by bequest, planned gift, retirement assets, appreciated securities or other legacy giving, contact the NSAA Office.

**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. We accept Visa, MC, Discover, AMEX**

**Office Use Only**

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Batch # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ - \_\_\_\_\_ CVV/Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Amt. \_\_\_\_\_

Ck/Ref# \_\_\_\_\_

Source \_\_\_\_\_

Date: \_\_\_\_\_

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