



# MEMBERSHIP APPLICATION

Please provide the following information and return to the PNSAA office with the appropriate dues for the applicable membership category. Membership dues are annual and cover the period April 1 to March 31. Unfortunately, dues cannot be prorated for members joining after the start of the membership year.

## CATEGORY OF MEMBERSHIP:

- AFFILIATE MEMBERSHIP**
- ASSOCIATE-SUPPLIER MEMBERSHIP**
- SUSTAINING MEMBERSHIP**

Company Name \_\_\_\_\_

Corporate/Legal Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Consumer 800 Number \_\_\_\_\_

## Company Personnel:

Company Principal \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

(over)

**Company Information:**

Type of Business:

Proprietorship, Partnership, Corporation \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Web Site Address: http://www. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**Product Information:**

Description of the products and/or services your firm supplies to snow sports industries. (Description will be used in PNSAA publications, the membership directory and/or trade show programs.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List any brand names your products are sold under:

\_\_\_\_\_

Please sign below and return your completed application with your PNSAA dues invoice and membership dues.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Remit to:

**PNSAA** Post Office Box 758 La Conner, WA 98257  
877-533-5520 (tele) 877-5392847 (fax) www.pnsaa.org