

# WSSA MEMBERSHIP APPLICATION

Membership Valid Until August 31, 2019

Annual Dues (circle one): Individual/Family or Club - \$25 Associate - \$50

## FAMILY/INDIVIDUAL: (\$25)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# of Registered Sleds: \_\_\_\_\_ Number of Riders: \_\_\_\_\_

Legislative District \_\_\_\_\_ Congressional District \_\_\_\_\_

## ASSOCIATE- Business or Dealer (\$50) and CLUBS (\$25)

Name of Business or Club: \_\_\_\_\_

Owner/Business Contact or Club Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Type: \_\_\_\_\_ Snowmobile Dealer? (circle one): Yes No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**PAYMENT:** Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card (Visa or M/C): \_\_\_\_\_ Expiration: \_\_\_\_\_ V-Code: \_\_\_\_\_

Name on Card (if different from above) \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_

Contribution to Legal Action Fund (not tax deductible): \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Mail Application and Payment to: WSSA Membership  
2130 Lower Peoh Point Rd.  
Cle Elum, WA 98922

Questions about your membership? Contact Wayne or Florence at [membership@wssa.us](mailto:membership@wssa.us) or (509) 674-4401

Questions about WSSA? Contact: Jim Kingman, President  
1331 Gibson Rd.  
Selah, WA 98942  
E-mail: [jim.kingman@wssa.us](mailto:jim.kingman@wssa.us) or call (800) 783-WSSA

**THANK YOU FOR SUPPORTING YOUR SPORT**