

WSSA MEMBERSHIP APPLICATION

Membership Valid Until August 31, 2020

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 or (509) 674-4401

Questions about WSSA? Contact: Dean Meakin, President
(800) 783-9772
(509) 220-1001
Email: dean.meakin@wssa.us

THANK YOU FOR SUPPORTING YOUR SPORT