

Send form(s) and payment to:

Central Cross Country Skiing
 10850 N. Stewart Rd
 Hayward, WI 54843
 E-mail: membership@cxcskiing.org
 Internet Site: www.cxcskiing.org



For Office Use Only

Individual Membership Application

Note: ONE member per application. Memberships are non-refundable and expire annually on April 30.

First Name _____ Last Name _____

Current Address _____ Phone _____ - _____ - _____

City _____ State _____ Zip Code _____ - _____

Date of Birth (MM/DD/YY) _____ - _____ - _____ Gender (Male Female Family

Class OJ (1991-1992) J1 (1993-1994) J2 (1995-1996) J3 (1997-1998) J4 (1999-2000)

YH (2001 and later) SR (1981-1988) MA (1980 and earlier) CH (any age)

E-Mail _____

Club/High School/College Affiliation _____

USSA License # (if applicable) _____ FIS License # (if applicable) _____

For purpose of representation and your affiliation with an interest group please check one:

MW JR/SR (Supports JR/SR Skiing in Midwest District)

Youth (YH - Supports Youth Skiing)

GL JR/SR (Supports JR/SR Skiing in Great Lakes District)

Masters (MA - Supports Masters Skiing)

Central Collegiate Ski Association (CC - Supports collegiate skiing)

Coach (CH - Supports XC Coaches)

J3/J4/J5 YOUTH	\$5.00
JUNIOR AND SENIOR COMPETITOR	\$15.00
MASTER & RECREATIONAL SKIER	\$35.00
COACH/OFFICIAL	\$35.00
CLUB	\$100.00

Contribution: "I would like to donate to further support the CXC Skiing mission."	
Please check appropriate amount <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$75.00 Other \$ _____	\$
All donations are tax deductible. CXC is growing every year thanks to a supportive membership!	
Total Due	\$

Did you remember to sign the Waiver and Release of Liability?