

# ABSF MEMBERSHIP FORM

## JULY 1, 2018 THRU JUNE 30, 2019

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How did you learn about ABSF \_\_\_\_\_

<b>Membership Type</b> <input type="checkbox"/> Individual \$25.00 <b><i>before Oct 31 \$20.00</i></b> <input type="checkbox"/> Family \$40.00 <b><i>before Oct 31 \$35.00</i></b>	<input type="checkbox"/> Visually Impaired Skier <input type="checkbox"/> Guide <input type="checkbox"/> Friend	<input type="checkbox"/> Male <input type="checkbox"/> Female
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### ***Emergency Contact Information***

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Make check payable to ABSF and mail with completed forms to:

American Blind Skiing Foundation  
Phil Skultety  
609 Crandell Lane  
Schaumburg, IL 60193