

ABSF MEMBERSHIP FORM

JULY 1, 2021 THRU JUNE 30, 2022

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone (H) _____ (C) _____

E-Mail Address _____

How did you learn about ABSF _____

<p>Membership Types</p> <p><input type="checkbox"/> Annual Individual \$25.00 <input type="checkbox"/> Annual Family \$40.00</p> <p><input type="checkbox"/> Subscription Individual \$20.00 <input type="checkbox"/> Subscription Family \$35.00</p> <p>Subscription memberships will renew automatically and be charged to your credit card on an annual basis</p>	<p><input type="checkbox"/> Visually Impaired Skier</p> <p><input type="checkbox"/> Guide</p> <p><input type="checkbox"/> Friend</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
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Emergency Contact Information

Name _____

Relation _____

Email Address _____

Phone (H) _____ (C) _____

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

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