

American SkiBike Association Personal Renewal Membership Application

First Name: _____

Last Name: _____

Street Mailing Address: _____

Apt/Suite #: _____

City, State, and Zip Code: _____

E-Mail: _____

Phone (Include Area Code): _____

Has any of your information changed from your original application?: _____

If so, what?: _____

Comments: _____

*Terms and agreement

By completing this form and requesting membership, you agree to all terms and conditions stated below. Membership is good for 1 year from date of renewal application and payment. Personal Memberships are not transferable and are \$25 USD per year.

We will never sell or share your Personal Information to 3rd parties. We will share other **Non-Personal** information provided to help create better opportunities and experiences with Ski areas, SkiBike vendors and manufacturers. We will also use other **Non-Personal** information provided to use as informational leverage to open up new ski areas to SkiBiking, remove current restrictions or open up special offers or incentives.

Please fill out this form and send it with check or money order made payable to "American SkiBike Association".

**American SkiBike Association
P.O. Box 65220
Albuquerque, New Mexico
87193**

Questions, comments or concerns, please contact us at: Melanie@AmericanSkiBike.org or 505-350-3844