



2020-21 Associate Membership Form

Business Information

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____ Email: _____ Website: _____

Description of Business: _____

Business Category: (please select one)

_____ Service Companies _____ Manufacturing _____ Marketing & Media _____ Food & Beverage

_____ Design & Construction _____ Insurance/Real Estate/Finance

_____ Other _____

Membership Type

11 or more employees (\$250): _____

10 or fewer employees (\$125): _____

Payment

Please check one:

___ Enclosed is a check for the total amount due, payable to Ski NH. Form and payment may be mailed to Ski NH Attn: Accounts Receivable, PO Box 521, Conway, NH 03818.

___ Charge my credit card for the total amount due. Forms may be emailed to Kathleen@SkiNH.com. You may also call in your credit card payment by calling Kathleen Harrigan at 603.745.9396, x201.

___ VISA ___ MasterCard ___ American Express ___ Discover

Name as it appears on your card: _____

Card Number: _____ Exp. Date: _____ Sec. Code: _____

My signature below indicates my acknowledgement that I will be charged for a 2020-21 membership through June 30, 2021.

Signature: _____ Date: _____

Questions?

Contact Kathleen Harrigan at 603.745.9396 x201 or Kathleen@SkiNH.com.