



METROPOLITAN NEW YORK SKI COUNCIL, INC.
 www.METNYSKI.org

TWO-YEAR MEMBERSHIP FORM - APPLICATION FOR 2018-2019 & 2019-2020

CLUB NAME _____ TOTAL MEMBERS _____

CLUB E-MAIL _____

WEB SITE www. _____

CLUB MAILING ADDRESS _____

MEETS MONTH/DAY/TIME _____

CLUB MEETING ADDRESS _____

CLUB LODGE ADDRESS _____

MOUNTAINS NEAR LODGE _____

Please provide e-mail addresses where possible. If your club issues newsletters, kindly mail copies to Lenny Sanz 75 Meade Ave. Bethpage, NY 11714 or e-mail copies to info@leonardsanz.com. Thank you.

<p>PRESIDENT</p> <p>Name _____</p> <p>Address _____ _____</p> <p>(H) Phone _____</p> <p>(W) Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>	<p>VICE PRESIDENT</p> <p>Name _____</p> <p>Address _____ _____</p> <p>(H) Phone _____</p> <p>(W) Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>
<p>MET COUNCIL REP</p> <p>Name _____</p> <p>Address _____ _____</p> <p>(H) Phone _____</p> <p>(W) Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>	<p>ALTERNATE MET COUNCIL REP</p> <p>Name _____</p> <p>Address _____ _____</p> <p>(H) Phone _____</p> <p>(W) Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>

CONTINUE TO THE NEXT PAGE

METROPOLITAN NEW YORK SKI COUNCIL, INC.

<p>SECRETARY</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>(H) Phone _____</p> <p>(W)Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>	<p>TREASURER</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>(H) Phone _____</p> <p>(W)Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>
<p>RACE CONTACT PERSON</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>(H) Phone _____</p> <p>(W)Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>	<p>NEWSLETTER PERSON</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>(H) Phone _____</p> <p>(W)Phone _____</p> <p>E-mail _____</p> <p>Fax _____</p>

Write or change the description of your club. This description will appear on the Met Council's Web site at www.METNYSKI.org. Include restrictions, i.e., must be over 21, etc., club activities and club affiliations, i.e., USSA, LIASC, NBS, etc. If the description is the same as what currently appears on the Web site, write, "Unchanged."

If the contact person is someone other than your club's Met Council representative, list the contact information (name, phone number and e-mail address). This information will appear on the Web site. If this information is the same as what currently appears on the Web site, write, "Unchanged."

Send the completed form to: Michael Calderone, 1019 Fort Solonga Road, Suite 10 # 235, Northport, NY 11768 • E-mail: skimikec@aol.com

We ask each member club to make a two-year donation (**\$60 suggested**) to the Metropolitan New York Ski Council. Kindly mail a check made out to **Metropolitan New York Ski Council, Inc.** to the Secretary.

When the information is available please identify the ski trips (i.e., club trips, NBS trips, ASRA races, LIASC trips, Met Council race, etc.) that your club either sponsors or plans to attend during the upcoming season. Please enter the information on the CLUB SKI SCHEDULE FORM and send the form to the Met Council Web person: Lenny Sanz, 75 Meade Ave. Bethpage, NY 11714 . Thank you.