



692 KEARSARGE ROAD, NORTH CONWAY, NH  
[MEMBERSHIP@MAKUSUE.ORG](mailto:MEMBERSHIP@MAKUSUE.ORG) / [RACE@MAKUSUE.ORG](mailto:RACE@MAKUSUE.ORG)

## **RACE MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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Circle your division: Open AA A B C D SB1 SB2 or First time racer: Skier / Snowboarder

I understand that this membership will qualify me for an EICSL membership; entrance to races, access to discounts and hosted trips through EISCL and MAKUSUE SKI AND SPORT CLUB communications. I understand that I will not receive a key to the club, that I must have a sponsor and pay guest fees each time I visit, I will not have a permanent bunk assignment and I am not required to attend work weekends. I hereby make an application for race membership in the Makusue Ski Club in No. Conway, NH.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_