



# 19/20 Ski New Hampshire Associate Membership Form

*This form must be downloaded and emailed to [Kathleen@SkiNH.com](mailto:Kathleen@SkiNH.com).*

## BUSINESS INFORMATION

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Business Name

Contact First  
Name

Contact  
Last Name

Description Of  
Business

Business  
Category (please  
select one)

Service Companies  
Design & Construction  
Manufacturing  
Marketing & Media  
Food & Beverage  
Insurance/Real Estate/Finance  
Other

## ADDRESS

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Street Address 1

Street Address 2

City

State

Zip Code

Country

E-Mail Address

Phone Number

## MEMBERSHIP INFORMATION

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Membership Type      Businesses with 11 or more employees (\$250)  
                                 Businesses with 10 or fewer employees (\$125)

**Payment**  
(Please check one)      Mail 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.

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.

Name as it  
appears on your  
card:

Credit Card  
Information      VISA  
                         MasterCard  
                         AMEX  
                         Discover

Credit Card  
Number:

Exp. Date:

Sec. Code

My signature below indicates my acknowledgement that I will be charged for a 2019-20 membership through June 30, 2020.

Signature:

Date: