



Application for Council Membership

Date: _____

Name of Club _____

Contact or Club Representative _____

Contact Phone _____ email: _____

Club Address: _____

Club Website: _____

Brief description of your club (Club focus, history, general description):

Type of club: Ski Snowboard Nordic Winter Sports Other _____

Age of members: All ages Adults only Other member restrictions: _____

Estimated size of club: _____ members. Year your club began: _____

Geographical area of your club: _____

Type of Club Sponsorship: Local, Corporation (Lockheed, Delta, ect.), University, Ski Resort, Military, ect:

Statistics: Number of skier days: _____ Approximate number of trips planed each year: _____

Please describe the types of trips your club has planned for the upcoming season:

Notes: Non-refundable membership cost is a \$200 donation to cover administrative costs.
Please mail to: **Intermountain Ski Council, 10400 Overland Road, PMB 131, Boise, ID 83709**
For questions: powderdays@reagan.com
Please allow a few weeks for the Intermountain Ski Council to review the information and contact the club representative listed above.