



6600 Jansen Ave. NE, PO Box 167, Albertville, MN 55301  
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## 2016 - 2017 FAMILY COMPETITION MEMBERSHIP FORM

Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

FAMILY MEMBERSHIP – MUST BE AT LEAST 3 FAMILY MEMBERS (AT THE SAME ADDRESS) FOR DISCOUNT

Member Name \_\_\_\_\_

Member Name \_\_\_\_\_

Member Name \_\_\_\_\_

Member Name \_\_\_\_\_

Member Name \_\_\_\_\_

Please attach individual membership forms for each family member (and minor waivers, if applicable). Add the total of all memberships, less 15% and put the total on the line below. (There is no added fax/ mailing fee for Family Memberships as online membership is not available for Family Membership Discount).

TOTAL COST OF FAMILY MEMBERSHIPS: \$ \_\_\_\_\_ less 15% \_\_\_\_\_ = \$ \_\_\_\_\_

Fees: \$160\* yearly membership \$85\* 120 membership \$55 Vintage/Adaptive

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

**PLEASE ATTACH INDIVIDUAL MEMBERSHIPS FOR EACH FAMILY MEMBER**