



Date: _____

Board of Directors,
Phoenix Mountain Alpine Ski Society,
Box 2428, Grand Forks, BC V0H 1H0

Dear Board Members,

I am a current Season Pass holder for Phoenix Mountain and wish to make application at this time to become a member of the Society.

.....
Name Phone Number

.....
Mailing Address Email address

.....
Mailing Address, cont ' d Signature

.....
Street Address (if different from mailing address)

Applicant: Please mail this application to the above mailing address, or email to skiphoenix@gmail.com