



HELI-SKI US ASSOCIATION
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APPLICATION FOR PROSPECTIVE MEMBERSHIP

OPERATION NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

E.MAIL: _____ **WEB:** _____

CONTACT(S): _____

**OPERATING PERMIT
AREA:** _____

**NUMBER OF
YEARS IN
OPERATION :** _____

DESCRIPTION OF BUSINESS: _____

The two year fee is \$500. Please send check or money order to the address above.

Signed: _____ **Position:** _____ **Date:** _____