



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:** \_\_\_\_\_