



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.**

**Signed:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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