

Tobique Nordic Ski Club Membership Application Form

Name: _____

Address: _____

Telephone: Home _____ Mobile _____

Email address: _____

Date: _____

Type of Membership: Family \$40 _____ Individual \$25 _____

Names of Family Members: _____

Please print this and submit it to: Joanne Michaud, Susan Mulherin or to the Village Office in the Phil Sharkey Memorial Centre.

Or you can mail it to: Tobique Nordic Ski Club
351 Main Street
Weaver, NB E7G 2E9