



2016/2017 Membership Application

Ski Area Vehicle Maintenance Institute

Your support through member dues helps cover administrative costs related to maintaining the association and allows us to develop comprehensive educational programs.

Company Name: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

General e-mail Address: _____

Website Address: _____

Company Personnel — List up to three employees within your company to receive the quarterly newsletters that are included with your dues. Note: The newsletters are sent in an electronic format and therefore an e-mail address is required.

Primary Contact — Responsible for circulation SAVMI materials including convention information & correspondence.

**Check Box
To Receive
Newsletters**

Name: _____ Title: _____

e-mail: _____ Phone: _____

2nd Contact

Name: _____ Title: _____

e-mail: _____ Phone: _____

3rd Contact

Name: _____ Title: _____

e-mail: _____ Phone: _____

Membership – 12 Months

_____ We owe \$150 for the membership year of July 1, 2016 – June 30, 2017. Dues are not prorated.

Method of Payment

_____ Invoice us _____ Check enclosed _____ Visa _____ MasterCard _____ American Express

Card number: _____ Exp. date: _____

Name on card: _____ Signature: _____

Please send completed forms and dues to: SAVMI, 133 S. Van Gordon St., Ste. 300, Lakewood, CO 80228
(303) 987-1111 info@savmi.org savmi.org