

North Central Sorting Association Membership Form

Membership Type: Individual \$45 Couple (2 People) \$75 Family (3+ People) \$95

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

In agreement, I will NOT hold the North Central Sorting Association liable for accidents, injury, or theft to person or property. I understand the rating guidelines and if I do not agree with the rating I was given, I can request a review by the Board of Directors at any time.

Signature Date

Parent/Guardian if under 18 Date

Family Member Name(s):

FREE: Seasoned Rider (Any member 70+ years old or turning 70 in the year they are purchasing a membership for)



www.northcentralsortingassn.com