

Tobique Nordic Ski Club Membership Application Form

Name: _____

Address: _____

Telephone: home _____ mobile _____

Email address: _____

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 at the Tobiqueplex.

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