

# ILLINOIS ASSOCIATION OF SNOWMOBILE CLUBS, INC.



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## BUSINESS ASSOCIATE MEMBER

**FILL OUT ALL THE INFORMATION THAT APPLIES**

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Facebook \_\_\_\_\_

Type of Business

Dealer  Distributor  Manufacturer  Hotel / Motel  Restaurant / Bar  Other

Franchise Brand \_\_\_\_\_

Owner's /Contact Name \_\_\_\_\_

Owner's/Contact Information \_\_\_\_\_

\_\_\_\_\_

IASC Club Membership \_\_\_\_\_

Business Associate Dues \$ **35.00** ANNUALLY August 31 - July 31

Check # \_\_\_\_\_ Amount \_\_\_\_\_

OR Credit Card  VISA  Master Card \$ **3.00** Convenience Fee is Applied

Card # \_\_\_\_\_ Expire Date \_\_\_\_ / \_\_\_\_ CVV # \_\_\_\_

*PRINT* Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

**Return this Form along with your payment to IASC**

**Make a Copy of this for your Records**

**FOR IASC ONLY: DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_**