

North Central Sorting Association Membership Form

Membership Type: Individual \$45 Family \$60

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):



www.northcentralsortingassn.com