

MEMBERSHIP APPLICATION 8/17



Make checks payable to Lancaster Ski Club

Mail to: P.O. Box 7861, Lancaster PA 17604-7861

TYPE OF MEMBERSHIP (check one):

- Adult Single Membership: \$25.00 (One person, 21+ years old)
- Family Membership: \$35.00 (Adult[s] w/under 18 children- same address)
- Junior Membership: \$25.00 (One person, 18-21 years old)

NEW MEMBER
 RENEWAL

Membership Terms:

1) Purchased **BEFORE** March 1st of the current year EXPIRES on APRIL 30th of the current year.

2) Purchased **AFTER** MARCH 1st of the current year will EXPIRE APRIL 30th of the next year.

NAME		CELL PHONE	
Email Address			
SPOUSE (if applicable, for Family membership):		SPOUSE CELL PHONE	
Spouse Email Address			
Other family members (for Family membership):		HOME PHONE	
STREET ADDRESS		CITY	STATE ZIP +4
<input type="checkbox"/> CHECK HERE IF YOU PREFER NOT TO HAVE YOUR INFORMATION PUBLISHED IN THE SKI CLUB DIRECTORY			

By signing below, applicant agrees to abide by the Lancaster Ski Club's By-Laws and Policies (available on the Web Site):

Applicant's Signature _____ New Member Sponsor _____

Date ____/____/20____