

MEMBERSHIP APPLICATION 3/11

Make checks payable to Lancaster Ski Club

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



<input type="checkbox"/> SEND HARD COPY OF FLYER VIA MAIL

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.

TYPE OF MEMBERSHIP (check one):

- Adult Single Membership: \$20.00 (One person, 21+ years old)
- Family Membership: \$30.00 (Adult[s] w/under 18 children- same address)
- Junior Membership: \$20.00 (One person, 18-21 years old)

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__