



SNOWSEEKERS SKI CLUB

Incorporated Jan 22, 1964

**MEMBERSHIP APPLICATION
2019-2020 (Please Print or Type)**



<u>Name(s)</u>	<u>Birthdates</u> <u>(mm/dd/yy)</u>	<u>Cell Phone</u> <u>(optional)</u>
1) _____	_____	_____
2) _____	_____	_____

Address _____ E-Mail(s) _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone (Emergency only) _____
 Anniversary (optional) _____

<u>Full Name(s) of children</u> (under 21 yrs. of age)	<u>Birthdates</u> (mm/dd/yy)
_____	_____
_____	_____
_____	_____

- Family Membership: Parent(s) plus children through 20 yrs. (\$40.00)
- Single Membership: 21 yrs. & up (\$30)

How were you introduced to Snowseekers? _____

I would like to serve on the following committees:

- | | |
|---|--|
| <input type="checkbox"/> Hospitality (General Meeting Programs, Refreshments, etc.) | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Ski Master (Instruction, Racing) | <input type="checkbox"/> Trips |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Social Events |
| | <input type="checkbox"/> Other _____ |

By acceptance of membership, I agree to hold harmless the Snowseekers Ski Club, its directors and officers from any claim resulting from injury or damage suffered by me during participation in any club function.

Signature(s)

x _____ Date _____
 x _____

Please return your completed form and dues payment to:

Mary Ellen Hodapp:
 1021 Wellington Avenue
 Libertyville, IL, 60048-1253