



MEMBERSHIP APPLICATION  
**MODESTO SKI CLUB**

P.O. Box 3640, Modesto, CA 95352

**NEW MEMBERS:** New members complete this application and liability form. Late fees do not apply to new members. Make checks payable to Modesto Ski Club

**Returning Members:**

Everyone must fill out this application along with liability form this year.

Membership year runs 11/1 to 10/31  
*Dues are considered late after Nov 1st.*

Single - \$75 Late Single - \$85

Family - \$125 Late Family - \$135

**Primary Member**

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name \_\_\_\_\_ M  F

Birthday \_\_\_\_\_ Phone(s) \_\_\_\_\_ Primary Family E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Fax \_\_\_\_\_

**Address**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Related Member**

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name \_\_\_\_\_ M  F

Birthday \_\_\_\_\_ Phone(s) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Fax \_\_\_\_\_

**Children's Information**

Names	Birthdates	M	F
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT STEPS TO COMPLETE THIS APP.**

Application   
Check/Money Order   
Liability Release

**Reminders**

Please make check payable to "Modesto Ski Club" | Mail by October 31 to the address above | Signatures are needed

**Application Must Be Signed**

Date _____	Primary Signature _____	Related Signature _____
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**FOR OFFICIAL USE**

Dates Attended \_\_\_\_\_ Member Sponsor \_\_\_\_\_

Board Approval  Amount Paid \_\_\_\_\_ Check No. \_\_\_\_\_

New Member  Member Package  Liability Form