



Membership Application

(Skip the paper and register online at <http://www.skimich.com>)

Membership Year: 2020 / 2021

Name: _____

Birthday: _____

Email: _____

Address: _____
Street City State Zipcode

Phone: _____

Emergency Contact: _____ **Phone:** _____

Membership Roster

Can we publish your: (please circle)

Name Yes No

Email Yes No

Address Yes No

Phone Number Yes No

In an effort to be environmentally friendly the roster will be made available online. We will still make printed rosters available upon request.

_____ Check here if you would like a printed roster.

Schuss News will be delivered electronically.
Please ensure we have your correct email

How did you hear about us?

Facebook?

Website?

A club member?

Other?

Membership Type

Which Type of Member are you?

Returning \$35.00

New \$40.00

Are you going on a Western Trip?

Yes No

If so, which one: _

Send Payments to:

Schussmeisters' Ski Club
1315 E. Main Street
Flushing, MI 48433

Or register online at <http://www.skimich.com>

In applying for membership, it is my understanding that this application is for the current season. In the event, I become a member, I agree not to hold the Club liable for injury, loss, or damage resulting from Club functions or the use of Club property or equipment. I have passed my 18th birthday and I understand that the legal drinking age is 21. I will not partake in any illegal activity while participating in the club activities. I will abide by the by-laws of the Club and submit to their authority regarding my membership in this Club. By signing this application, I am acknowledging my agreement and that I have read these conditions.

Signature of Applicant: _____ Date: _____