

**STARK COUNTY SKI CLUB MEMBERSHIP APPLICATION**

**Please Print Clearly**

**Name:**

Current address:

City:	State:	ZIP Code:
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Home Phone #:	Work Phone	Cell Phone #:
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Email Address:  
**(PLEASE PRINT LEGIBLY)**

Alternate Email Address:

**Select Type of Membership**

(Renewal Price is for Consecutive Years)	Renewal	New
<b>Single Member</b> <input type="checkbox"/>	\$20	\$30
<b>Couple Membership</b> (2 people who share the same address)	<b><u>\$25</u></b>	\$40
<b>Family</b> <input type="checkbox"/> Share the same address	\$30	\$45

Our newsletters are distributed by email.  
If you would like the newsletter mailed to you, **add \$10**

If you are a "new" member, how did you hear about our club?

**MAKE CHECKS PAYABLE TO STARK COUNTY SKI CLUB.**

Total Enclosed with Application \$

NOTICE: By signing and/or accepted any membership benefit and/or participating in any club activity, applicant releases Stark County Ski Club, its officers, board members, chairpersons, trip leaders and members from any all liability or any claims including theft, property loss, accident, injury, death of or to themselves, family members or guests arising from participation in any club activity, whether resulting from negligence or otherwise.

Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_ (Couple Membership Requires Both Signatures)  
( Family Membership Requires Parental Signature)

**Or** send this application via email to: [skiingdef@gmail.com](mailto:skiingdef@gmail.com) and mail your check to:  
(MEMBERSHIP BENEFITS BEGIN UPON PAYMENT RECEIVED)

**ROBERTA GRAHAM, 8760 Appleknoll St., NW Massillon, OH 44646-1396**

Optional for New and Existing members: What most interests you about the club and/or what would you like to see us attempt in the future?

**DO NOT SEND TRIP APPLICATION IN WITH MEMBERSHIP APPLICATION**