

## Red Eye Ski and Snowboard Club Membership Application

Please print legibly and bring to the next meeting, or send a completed application form with check to:

Red Eye Ski and Snowboard Club  
c/o Membership  
P.O. Box 1855  
Eau Claire, WI 54702-1855

Annual membership dues: If paid by October 1<sup>st</sup> - \$20 per person or \$35 for two people at one address

After October 1st. - \$25 per person or \$40 for two at same address

Name (*Legal name as required for airline ticketing*):

First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address \_\_\_\_\_

If 2 people at one address are joining on this application:

2nd person's: Name (*Legal name as required for airline ticketing*):

First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Select Renewal or New Membership, initial attestations, and sign below.

1<sup>st</sup> Person

2<sup>nd</sup> Person

\_\_\_\_\_ Renewal

\_\_\_\_\_ Renewal

\_\_\_\_\_ New Member

\_\_\_\_\_ New Member

**Initial Each**

1st person

\_\_\_\_\_ I have read and agree to the Bylaws of the Red Eye Ski & Snowboard Club.

\_\_\_\_\_ I agree to abide by the Red Eye Ski & Snowboard Club policies and waive the club and its members from any liability issues related to participation in club activities

\_\_\_\_\_ I understand that I will receive any newsletters and announcements by e-mail unless otherwise arranged with the Membership Coordinator.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Red Eye Ski and Snowboard Club Membership Application

2<sup>nd</sup> person

\_\_\_\_\_ I have read and agree to the Bylaws of the Red Eye Ski & Snowboard Club.

\_\_\_\_\_ I agree to abide by the Red Eye Ski & Snowboard Club policies and waive the club and its members from any liability issues related to participation in club activities

\_\_\_\_\_ I understand that I will receive any newsletters and announcements by e-mail unless otherwise arranged with the Membership Coordinator.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

**1<sup>st</sup> person**

Contact #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**2<sup>nd</sup> person**

Contact #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_