## KITTYHAWK SKI CLUB, INC. MEMBERSHIP APPLICATION

(Membership Year runs from 1 July to 30 June)

Last Name	First	MI		Spouse/Significant Other Name
Street Address Phone	City	State	Zip	Home Phone Cell
Email Ad	ldresses:			
Please print	carefully!!			
INDIVIDUAL I	NFORMATION	SPOUSE INI	FORMATION	Type Membership
Nickname:		Nickname:		FREE 1st YEAR
Birthday: Month	Day	Birthday: Month	Day	Individual (\$25)
Work Phone:		Work Phone:		Family (\$30)
Level Skier:		Level Skier:		Referred by:
Hobbies:		Hobbies:		
	1			
Children's Names and ages:				
I am interested in working with the following club committees:				
Ski Trips	Social	Membership	Programs	
Biking	Golf	Publicity	_ Other (write-	in)
I hereby declare that I am at least 21 years of age or active duty military and agree to subscribe and support the constitution and bylaws of Kittyhawk Ski club and will abide by the rules and regulations of the club.				
I hereby assume all the risks and accept all responsibility for any injuries or damage which may result in my or my family's participation in Kittyhawk Ski Club, Inc, the Ohio Valley Ski Council, and/or affiliated ski club activities and further release said organization from any and all responsibility for any and all claims of damage or otherwise that may be brought about by myself or my heirs.				
I authorize release of my contact information (Name, address, e-mail, phone numbers) to other members of Kittyhawk Ski Club. I agree to use other's contact information only for ski club related activities.				
Write YES Or NO in the box to the right.				
		If box is left blank, as		Ş
SignatureDate				
Signature	gnatureDate			
Make checks out to Kittyhawk Ski Club and mail to: KSC MEMBERSHIP, 2099 Hedge Gate Blvd, Beavercreek, OH 45432				
Contact her at 937-320-9531 if you have any questions.				

Do NOT combine membership payments and trip payments on the same check.