

Red Eye Ski and Snowboard Club Membership Application

Annual membership dues: \$15.00 Check #

Please mail completed application form with check to:

Red Eye Ski and Snowboard Club
Attn: Membership Chair
P.O. Box 1855
Eau Claire, WI 54702-1855

Thank you for printing legibly!

(Legal name as required for airline ticketing):

First _____ Middle _____ Last _____
Street Address _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-mail address _____

Select Renewal or New Membership

_____ Renewal
_____ New Member

Initial Each Attestation

_____ 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:

Contact #1

Name: _____ Relationship _____
Home phone: _____ Cell phone _____

Contact #2

Name: _____ Relationship _____
Home phone: _____ Cell phone _____