KITTYHAWK SKI CLUB, INC. MEMBERSHIP APPLICATION

(Membership Year runs from 1 July to 30 June)

Last Name My address My phone has	0	MI	Spous	se/Significant Other Name	
Street Address	City	Sta	te Zip	Home Phone	
Cell				_	
Email Address: Please print car	refully!!				
INDIVIDUAL II	NFORMATION		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:			
I will pay by: Check Electronically Children's Names and Ages: I am interested in working with the following club committees: Ski Trips Social Membership Programs					
		Publicity			
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, assumption is release is authorized.					
Signature	SignatureDate				
Signature	SignatureDate				

Make checks out to Kittyhawk Ski Club and mail to: KSC MEMBERSHIP, 2596 Patrick Henry Drive, Beavercreek, OH 45434 Please Do NOT combine membership payments and trip payments on the same check.