KITTYHAWK SKI CLUB, INC. MEMBERSHIP APPLICATION (Membership Year runs from 1 July to 30 June)

Last Name	First	MI		Spouse/Signifi	Spouse/Significant Other Name	
Street Address	City	State	Zip	Home Phone	Home Phone Cell	
Email Address:						
INDIVIDUAL I	-	SPOUSE I	NFORMAI		vpe Membership	
Nickname:		Nickname:			EE 1st YEAR	
Birthday: Month	Day	Birthday: Montl	n Da	ay Indi	vidual (\$25)	
Work Phone:		Work Phone:		Fam	ily (\$30)	
Level Skier:		Level Skier:		Refe	erred by:	
Hobbies:		Hobbies:				
Children's Names and Ages: I am interested in working with the following club committees: Ski Trips Social Membership Programs						
Biking	Golf	Publicity	Other (v	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, assumption is release is authorized.						
Signature			Dat	te		
Signature	SignatureDate					
Make checks out to Kittyhawk Ski Club and mail to: KSC MEMBERSHIP, 2596 Patrick Henry Drive, Beavercreek, OH 45434 <u>Please Do NOT combine membership payments and trip payments on the same check.</u>						