

# Red Eye Ski and Snowboard Club Membership Application

Print legibly. Bring to the next meeting or send completed application form with check to:

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

Annual membership dues: \$15

Name *(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.

## Optional

\_\_\_\_\_ I give my permission for my phone numbers to be included on the Red Eye website.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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