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

Last Name My address My phone I	First s has changed nas changed	MI	Spouso	e/Significant Other Name	
Street Address	City	State	Zip	Home Phone	
Cell					
Email Address Please print ca					
INDIVIDUAL	INFORMATION	SPOUSE INF	ORMATION	Type Membership	
Nickname:		Nickname:			
Birthday: Mont	h Day	Birthday: Month	Day	Individual (\$30)	
Work Phone:		Work Phone:		Family (\$45)	
Level Skier:		Level Skier:		Referred by:	
Hobbies:		Hobbies:			
		ollowing club commi Membership			
		Publicity			
		of age or active duty mili			
my family's particip activities and further	ation in Kittyhawk Ski	responsibility for any inj i Club, Inc, the Ohio Va on from any and all respo self or my heirs.	lley Ski Council, an	d/or affiliated ski club	
		n (Name, address, e-mail, s contact information on			
		Write YES If box is left blank, assu	Or NO in the box to imption is release is a		
Signature		Date			
Signature		Date			

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.