Lebanon Outing Club

Send Application To:

Lebanon Outing Club, Membership

P.O. Box 295, Lebanon, NH 03766

MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION CLEARLY

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Members Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUES:** Circle the appropriate box:

NESJNC

$25

RENEW

$20

NEW

$25

(Checks Payable to LOC)

How did you learn about The Lebanon Outing Club? (mark all that apply)

\_\_\_Website \_\_\_Friend \_\_\_ Lebanon Rec. Dept. \_\_\_Newspaper \_\_\_\_Social Media \_\_\_\_Other (if so, what? \_\_\_\_\_\_\_\_\_\_\_\_)

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Please mark all your interests (mark all that apply):

\_\_\_Skiing \_\_\_Snowboarding \_\_\_Ski Jumping \_\_\_Snowshoeing \_\_\_Cross Country\_\_\_Volunteering

Please mark any volunteer opportunities you would like to find out more information on:

\_\_\_Lessons \_\_\_ Ski Jumping \_\_\_Snow Making \_\_\_Kitchen \_\_\_Ski Patrol \_\_\_Lodge Maintenance

\_\_\_Trail Maintenance \_\_\_Lift Attendant \_\_\_Events \_\_\_ Fund raising \_\_\_Other (if so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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**DISCLAIMER/WAIVER:** I do hereby absolve, release and waive any and all liability claims or demands against The Lebanon Outing Club, its officers, directors and each and every member thereof which may arise out of or be related to any injury, damage or particular loss to me or any member of my family by reason of such Club membership and participation in Club sponsored activities.

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Required) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For LOC records ONLY:Amount Paid\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_ Date\_\_\_\_\_ Card Completed\_\_\_