2022/23 MEMBERSHIP APPLICATION

May 1, 2022 – April 30, 2023

☐ New Member	☐ Individual	$25
☐ Renewal	☐ Family	$55
☐ Change of Data Only	☐ Mailed Newsletter	$5

1. Do you consent to the release of your phone nuimber to other members up request? ◯ Yes ◯ No

Name_____
Last First MI

Address_____

City_____ State _____Zip_____

E-Mail Address_____

Sex: ◯ Male ◯ Female

Date of Birth:_____

Marital Status ◯ Married ◯ Not Married

Skiing Experience ◯ None ◯ Beginner ◯ Intermediate ◯ Advanced ◯ Ex-Skier

In Order of Preference: Phone 1:_____ Phone 2:_____

Emergency Contact Phone:_____ Occupation:_____

For new member only: How did you learn about Fall Line Ski Club? (If a person, please supply name.)

_____

Would you like to serve on a...

2. Committee, Board? ◯ Yes ◯ No
3. Or be a trip leader? ◯ Yes ◯ No

RELEASE/COVENANT NOT TO SUE
ALL MEMBERS 18 YEARS OR OLDER MUST SIGN

In consideration of membership in Fall Line Ski Club, the undersigned agrees to and does hereby for himself or herself and for his or her heirs, executors, administrators and assigns, release and forever discharge Fall Line Ski Club and any officer, director, trip leader, coordinator, and any other member acting in an official capacity for the club of and from any and all claim or claims, all manner of action or actions, cause or causes of action, suits or demands which he or she now has or may hereafter have against the aforementioned members by reason of any damage, loss, injury or suffering to his or her property or to his or her person of any accident or injuries due to negligence or otherwise on the part of any officer, director, trip leader, coordinator or any other member acting in an official capacity, and any other member, whether acting in an official capacity or not; and furthermore, he or she for himself or herself and for her heirs, executors, administrators and assigns, agrees and covenants not to institute, bring, commence or prosecute any action, suit or proceeding, at law or in equity, against the aforementioned members on account of any claim , action, cause of action, suit of demand released, relieved and discharged herein.

Applicant: _____ Date: _____ Witness:_____
(Signature)

Applicant: _____ Date: _____ Witness:_____
(Signature)

Applicant: _____ Date: _____ Witness:_____
(Signature)

For Family Memberships, list other family members included in this application below.

Name	Date of Birth	Ski Level

Continue on back if necessary.

Please forward application by mail to:
FLSC
112 Stephenson Way
Huntingdon Valley, Pa. 19006-2229
or bring to the membership table at any meeting

For Club Use Only

Member #_____

Amount Paid $ _____**on** _____

Cash Check CC Comp