

Membership Application Renewal

2011 / 2012



WESTMORELAND SKI CLUB

(A Non-Profit Organization)

Founded 1956

Member
Western Pennsylvania Ski Council

Please complete all information, including your area code, e-mail and committees/activities you would be interested in participating in. Be sure to SIGN THE WAIVER below. Also, one parent must sign for children, if applicable. Make all checks payable to WESTMORELAND SKI CLUB. Send dues and form to: Susan Headley, 413 Eton Drive, Greensburg, PA 15601 or bring them, with this form to the next meeting.

Name(s): _____

Children's names and ages (if applicable) _____

Are you interested in organizing a children's event? _____

Address: _____

City, State, Zip _____

Phone: Member Name: _____ Main: _____ Other: _____

Member Name: _____ Main: _____ Other: _____

Skizette by Email? Yes ___ No ___ Email Address: _____

Dues: \$30 single / Senior _____ \$30 single / Associate _____ \$10 Junior (under 21y/o) _____

\$50 Family/ Senior/ Associate _____ \$0 Life _____

Note: A new family membership is being offered. If children under the age of 21 are joining, one parent must sign the waiver line indicated for the children. Please list the children's names and ages on provided line.

Please consider making an optional donation towards our lodge improvements.

Donation: \$ _____

Committees: ___ Lodge ___ Membership ___ Programs ___ Publicity ___ Ski Activities ___ Skizette ___ Social ___ Trips
Activities: ___ Alpine ___ Cross Country ___ Nordic ___ Snowboarding

WAIVER: In consideration of mutual agreements signed by all other members of the Westmoreland Ski Club, the undersigned waives all right to claim for any injury, loss, or damage arising through any activities of the Westmoreland Ski Club, and agrees to hold harmless the Westmoreland Ski Club, its officers, and each of its members for any liability of claims as described above. I have read this release in full and understand it.

DATE: _____ SIGNATURE : _____

DATE: _____ SIGNATURE : _____

DATE: _____ SIGNATURE : _____

Parent of Children, if applicable