



**G.E. SKI CLUB**  
**SUMMER MEMBERSHIP APPLICATION**  
**MAY 2010 – OCTOBER 2010**



**PRICE: FREE FOR THIS SUMMER**

**You must fill out the form completely and sign below for free membership.**

**CHECK HERE IF YOU WANT A NEWSLETTER E-MAILED TO YOU**

**E-MAIL ADDRESS:**

\_\_\_\_\_

OR

**CHECK HERE IF YOU WANT A PRINTED NEWSLETTER MAILED TO YOU**

New Member

Renewal from 2008/2009 season

**LAST NAME:**

**FIRST NAME:**

\_\_\_\_\_

\_\_\_\_\_

**STREET ADDRESS:**

**CITY:**

\_\_\_\_\_

\_\_\_\_\_

**STATE:**

**ZIP + 4:**

\_\_\_\_\_

\_\_\_\_\_

**Primary Contact Phone:**  
**Area Code & Number**

**Secondary Contact Phone:**  
**Area Code & Number**

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The undersigned acknowledges that the G.E. Ski Club, Inc., has made no representation of any kind and agrees that neither the Club nor the Board of Directors is responsible for any acts or omissions of any persons or group and releases the Club from any and all claims. The undersigned also understands that, as a sports club, the G.E. Ski Club, Inc., trip / events that he/she participates in can be inherently dangerous. This could result in personal injury, including catastrophic injuries, death, or property damage. The undersigned acknowledges that he/she will participate at their own risk and responsibility and releases the Club from any and all claims. The undersigned also certifies that he/she is at least 21 years of age.

**SIGNATURE:**

\_\_\_\_\_

**THIS FORM MUST BE SIGNED TO PROCESS  
YOUR MEMBERSHIP APPLICATION!!!**

**Mail check and completed form to: G.E. Ski Club, Inc. • Attn: Membership  
PO Box 327 • New Hartford, NY 13413**

Check here if you **DO NOT** want your name, address, phone number & email address published in our newsletter roster.

**Questions?** Call the membership chairs: Rosmary Forsti 735-8842 or Barb Jakubowski 733-4794.  
For additional information visit our web site at [geskiclub.org](http://geskiclub.org)

**FOR OFFICE USE ONLY**

Membership Number: \_\_\_\_\_ Processed By: \_\_\_\_\_

Date Membership Card Given/Mailed: \_\_\_\_\_ Application Date: \_\_\_\_\_

Amount Received \$ \_\_\_\_\_ ( ) cash ( ) check # \_\_\_\_\_

\_\_\_\_\_