



# Membership Form 2017-2018

Membership year is May 1 to April 30 & open to anyone 21 years old or older.  
Please complete the **ENTIRE** form and sign.



Name: (1) \_\_\_\_\_ Birth Month: \_\_\_\_\_ and Day: \_\_\_\_\_

Name: (2) \_\_\_\_\_ Birth Month : \_\_\_\_\_ and Day: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

E-mail address: (1) \_\_\_\_\_ (2) \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

New Member Referred by: (Enter Sly Fox member name) \_\_\_\_\_

### Circle One

How would you like to receive the "Foxtales" newsletter? (Mailed <b>ONLY</b> if you do <b>NOT</b> have E-mail)	<b>E-mail</b>	OR	<b>Mail</b>
Would you like to be considered for a Trip Leader position?	Yes		No
For an Out West Trip?	Yes		No
For a Midwest Trip?	Yes		No
Would you like to be serve on a committee?	Yes		No

Please recommend one ski destination you'd like to see the club take a trip to: \_\_\_\_\_

MEMBERSHIP TYPE	MEMBERSHIP YEAR IS MAY 1 TO APRIL 30
Single Member	\$25
Married Members (as defined by the IRS)	\$40

Please mail your check for dues made out to: **Sly Fox Ski Club**  
**PO Box 1613**  
**Appleton, WI 54912-1613**

### PLEASE READ BEFORE SIGNING

I certify that I am at least 21 years of age and do hereby accept the policies and practices of the Sly Fox Ski Club. I understand that in my participation in club-sponsored events carries a degree of risk of injury or death. I hereby unconditionally waive and release the Sly Fox Ski Club, its officers, directors, agents, and members from any and all liabilities arising from any injury, property damage or loss I may suffer as a result of my actions. Further, I hereby grant full permission to any and all foregoing to use any photograph, videotape, motion pictures, recordings, or other record of any ski club event for any legitimate purpose. Please see the current Sly Fox Club policies or view them at the website listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For current trip policies and other details, please see the website: **www.slyfoxskiclub.org**