



Membership Form 2018-19

Membership year is May 1 to April 30 & open to anyone 21 years old or older.

Please complete the ENTIRE form CLEARLY and sign.

Name: (1) _____ Birth Month: _____ and Day: _____

Name: (2) _____ Birth Month: _____ and Day: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone: (1) _____ (2) _____

E-mail address: (1) _____ (2) _____

In the event of an emergency, please contact: _____ Phone: _____

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

“Foxtales” newsletter E-Mailed. (ONLY Mailed if you do NOT have E-mail - Check for mailed ____)

CIRCLE ONE

Would you like to be considered for a Trip Leader position? Yes No

For a Midwest trip? Yes No

For a Western Trip? Yes No

Would you like to 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 thru 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