

## **Membership Form 2021-22**

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

Name: (1)	Birth Month:	Date:	Year:
Name: (2)	Birth Month:	Date:	Year:
Address:			
	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 Maile	ed if you do <b>NOT</b> have E-mail - Che	ck for mailed)	CIRCLE ONE
Would you like to be considered for a Trip Leader position? For a Midwest trip? For a Western Trip? Would you like to serve on a committee? Please recommend one ski destination you'd like to see the club take a tr			Yes No Yes No Yes No Yes No
riease recommend one ski destination you d	ince to see the club take a trip to	•	
MEMBERSHIP TYPE	MEMBERSHIP YEAR	IS MAY 1 thru	APRIL 30
Single or individual Member	\$25		
Married Members (as defined by the IRS)	\$40 (for the couple)		
Please mail your check for dues made out to	o: Sly Fox Ski Club PO Box 1613 Appleton, WI 54912-1613	<b>.</b>	
PLEA I certify that I am at least 21 years of age and understand that in my participation in club-spo unconditionally waive and release the Sly Fox liabilities arising from any injury, property dam Coronavirus Disease 2019 (COVID-19). By agr hereby hold harmless the club officers, directo grant full permission to any and all foregoing to record of any ski club event for any legitimate Please see the current Sly Fox Club policies of Signature:	onsored events carries a degree a Ski Club, its officers, directors, age or loss I may suffer as a respective to participate in club activors, agents, members and the Slouse any photograph, videotap purpose.	nd practices of the of risk of injury or agents, and member of my actions. I have evaluate y Fox Ski Club itsee, motion pictures, d below.	death. I hereby bers from any and all I am fully aware of the ated such risks and I elf. Further, I hereby
Signature:		Date:	