

Cresthaven Ski Club

P.O. Box 720833
Jackson Heights, NY 11372-0833

Membership Application

NAME (LAST) (FIRST) (MI) Mr. Mrs. Ms.					INCLUDE PHONE # ON MEMBER LIST? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>		
MAILING ADDRESS:				CITY	STATE	ZIP	DATE OF BIRTH
NEW MEMBER? <input type="checkbox"/> RENEWING? <input type="checkbox"/>	IF NEW MEMBER, REFERRED BY:			EMAIL ADDRESS			
DO YOU SKI? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: BEGINNER? <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/>	IN CASE OF EMERGENCY, PLEASE NOTIFY: Name: _____ Address: _____ Relationship: _____ Telephone: _____			CLUB USE ONLY MEMBER NO. _____ AMT. REC'D _____ DATE _____ CASH <input type="checkbox"/> CHECK <input type="checkbox"/> RECEIVED BY: _____ (SIGNATURE)			
Cresthaven assumes no responsibility for any accident or injury incurred in connection with any club event or activity, nor do the officers assume any responsibility or liability for any accidents incurred in connection with any club event or activity.			SIGNATURE: _____				