

Los Padres Ski Club, Inc.

P.O. Box 6112, Oxnard, CA 93031-6112

MEMBERSHIP APPLICATION

Single: \$30.00 Married or Co-habiting Couple: \$50.00

Any non-member wishing to attend any LPSC trip/functions must join the Club and pay dues accordingly.

Please print and make your check payable to LOS PADRES SKI CLUB

DATE: _____

NAME: _____

Birth Month: _____ Day: _____

PARTNER NAME: _____

Birth Month: _____ Day: _____

ADDRESS: _____
(STREET) (CITY) (ST) (ZIP)

TELEPHONE: Home: _____ Cell: _____ Partner Cell: _____

E-MAIL _____

Partner E-MAIL: _____

AGREEMENT

1. I will be aware of Club's **CONDUCT POLICY AND THE TRIP POLICY** and abide by all rules.
2. I understand that as a club member my name and phone number will appear on the club roster to be distributed to members only. I understand that the purpose of this roster is to provide a closer contact among members and officers, and I agree to use it for no other purpose. Misuse of the roster may lead to suspension from the club.

Date: _____ Signature: _____

Partner Signature: _____

RELEASE

Los Padres Ski Club is a year-round not-for-profit social and sports club providing a variety of activities for its members. Most of the activities are, to a varying degree, hazardous. By making this application for membership I voluntarily assume the risks involved. By assuming all risks involved, I agree not to hold Los Padres Ski Club, its Officers, or Board Members liable for any accident or injury resulting from my participation in a Club activity. After reading and understanding this Release of Liability, I voluntarily sign this release and hereby apply for membership in Los Padres Ski Club.

Date: _____ Signature: _____

Partner Signature: _____

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Office Use Only: Dues: _____ Date: _____ Ck#: _____ Cash: _____