Cresthaven Ski Club

P.O. Box 720478
Jackson Heights, NY 11372-0478

Membership Application

NAME (LAST) (FIRST) (MI) Mr. Mrs. Ms.	TELEPHONE #	BUSINESS PHONE	INCLUDE PHONE # ON MEMBER LIST? YES NO
MAILING ADDRESS	CITY	STATE ZIP	DATE OF BIRTH

NEW MEMBER _____ RENEWING _____	IF NEW MEMBER, REFERRED BY:	E-MAIL ADDRESS

DO YOU SKI? ☐ YES ☐ NO

IF YES: ☐ BEGINNER ☐ NOVICE
INTERMEDIATE ☐ ADVANCED ☐ EXPERT ☐

Cresthaven assumes no responsibility or liability for any accident or injury incurred in connection with any club event or activity, nor do the club officers assume any responsibility or liability for any accidents incurred in connection with any club event or activity.

SIGNATURE: _____

In case of emergency, please notify:

Name: _____

Address: _____

_____

Relationship: _____

Telephone: _____

CLUB USE ONLY

MEMBER NO. _____

AMT. REC'D. DATE

_____ _____

CASH ☐ CHECK ☐ M.O. ☐

RECEIVED BY _____
(SIGNATURE)