



A MEMBER OF THE BLUE RIDGE SKI COUNCIL

MEMBERSHIP APPLICATION

Expiration Date _____ (filled out by the club)

New Member/Renewal- After Lapse _____ Renewal _____ (check as appropriate)

Membership Type (circle) Single (one adult) or Family (two adults, or parent(s) and dependents)

Membership Dues: Annual: New Member or Renewal After Lapse (Oct 31st): Single \$40 / Family \$55
Renewal: Single \$30 / Family \$45

Advance Pay/Multi-year (if paid by Oct 31st of active membership year): (if paid after Oct 31st)
2 year: Single \$55 / Family \$80 2 year: Single \$65 / Family \$90
3 year: Single \$75 / Family \$105 3 year: Single \$85 / Family \$115

PRIMARY ADULT MEMBER NAME (nickname OK) Birth mo/date PHONE

SECOND ADULT MEMBER NAME (nickname OK) Birth mo/date PHONE

MINOR CHILDREN'S NAMES (include birth mo/date)

STREET ADDRESS OR P.O. BOX APT NO.

CITY STATE ZIP CODE

PRIMARY'S EMAIL ADDRESS PRIMARY'S ALT PHONE (if have one)

SECONDARY'S EMAIL ADDRESS SECONDARY'S ALT PHONE

Hide Information on Member Directory: Address ___ Phone C ___ Phone H ___ Emails ___ (Member Directory is only available to other members)

Do you want to the newsletter mailed to you: ___ yes (add'l cost \$18/year) ___ no (I'll get it by email or the website free)

New Member: How did you hear about us? Friend ___ Website ___ Meetup ___ Facebook ___

Recruited by a member (name) _____

Activities: Bicycling ___ Dining Out ___ Kayaking ___ Skiing ___ Camping ___ Girls night out ___ Wine tasting ___
Concerts ___ Golf ___ Snow Boarding ___ Fishing ___ Dancing ___ Other ___

In consideration of the benefit of membership in the Mogul Ski Club, I do hereby absolve, release and waive any and all liability claims or demands against the Club, its Board of Directors and Officers, and each to any member thereof, which may arise out of, or be related to any injury, damage or pecuniary loss to me or to any member of my family by reason of such club membership and participation in club sponsored activities.

Signature (s): _____ Date: _____ // _____ Date: _____
Membership fees not deductible as a charitable contribution for Federal Income Tax purposes

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(Below for club use only)

Check number: _____ Check date: _____ Check amount: _____
Membership Single: Number of years _____ Family: Number of years _____

Mail or give to Membership Chair: Penny Hutson, 5300 Albright Dr., Virginia Beach, VA 23464

Make check out to the Mogul Ski Club