Elmhurst Ski Club - Membership Profile
2009-2010

Dues Paid: $20_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email Address: _____

	Never	Novice	Intermediate	Expert
Ski Ability (Circle One):	0	1 2 3	4 5 6	7 8 9

I am interested in helping the Elmhurst Ski Club for the following;

_____ Membership _____ Trips _____ Publicity

_____ Special Events _____ Newsletter _____ Other

How did you hear about the Elmhurst Ski Club? _____

_____

_____

Agreement: I agree to maintain the standards and reputation of the Elmhurst Ski Club and to follow the directions of its leaders. I hereby release the Elmhurst Ski Club and its agents and officers of any and all responsibilities or liability of any nature whatsoever for any loss of property or personal injury occurring on any trip under its management or with any activity or function related to the Elmhurst Ski Club.

I certify that I have read and understood this agreement. _____ initial here.

Signed: _____ Date: _____

Optional Information:

Birthday: _____ _____ Anniversary: _____ _____ _____
Month Day Month Day Year

Return this form to Christy Burke
280 Springfield Terrace
Des Plaines, Il 60018-1128