



Greater Charleston Ski Club

Membership Application

P.O. Box 31025 * Charleston, SC 29417

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (HOME) _____ (OFFICE) _____ (MOBILE) _____

E-MAIL _____ (KEPT CONFIDENTIAL)

NAME OF SPOUSE _____

NAME / AGES OF CHILDREN (under 21) _____

How did you hear about us? _____

THE MEMBERSHIP YEAR RUNS APRIL 1 – MARCH 31

SINGLE / INDIVIDUAL MEMBERSHIP (age 21 and older) \$40 \$ _____
FAMILY MEMBERSHIP \$55 \$ _____

ABOVE RATES INCLUDE AN EMAILED NEWSLETTER (when available) – BE SURE THAT YOU HAVE AN EMAIL ADDRESS LISTED TO RECEIVE THE NEWSLETTER AND ANY OTHER CORRESPONDENCE! – EMAILS ARE KEPT CONFIDENTIAL!

SKIING ABILITY

APPLICANT

SPOUSE

WHERE WOULD YOU LIKE TO CONTRIBUTE YOUR TIME

Non-Skier
Beginner
Intermediate
Advanced
Expert

Program
Social
Newsletter
Racing
Welcoming

Membership
Ski School
Publicity
Trips
Scrapbooks

GCSC welcomes applicants interested in snow skiing and other year round activities. All applicants must be approved by the Board of Directors. In the interest of safety and the enjoyment of all, members are expected to act responsibly. Members may be removed by the Board of Directors if they are not acting in the best interest of the club. (GCSC Bylaws).

RELEASE AND HOLD HARMLESS AGREEMENT:

I do hereby absolve, release and waive any and all liability claims or demands against the Greater Charleston Ski Club, Inc., its officers, directors and each and every 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 such club membership and participation in club sponsored activities.

(This application must be accompanied by signatures to be considered valid)

Applicant's Signature: _____

Spouse's Signature: _____

Club Member Reference: _____

Club use only: TYPE OF MEMBERSHIP: S _____ F _____ No. Adults _____ NEW _____ RENEWAL _____

Check no. _____ Ck/Cash amount _____ Date _____ BY _____