

2010-2011 Red Eye Ski Club Membership Form

Please print legibly on the application form below and bring to the next meeting. Or send a completed application form with a check to the Red Eye Ski Club, c/o Membership, P.O. Box 1855, Eau Claire, WI 54701-1855.

\$20 per person \$35 for two persons at one address

Name (Legal name as required for airline ticketing):

First _____ MI _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

If 2 people are signing up on this application, provide 2nd person's:

Name (Legal name as required for airline ticketing):

First _____ MI _____ Last _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

____ Renewal
____ New Member

Check Each:

- ____ I have read and agree to the Bylaws of the Red Eye Ski Club.
- ____ I agree to abide by the Red Eye Ski Club policies and waive the club and it's members from any liability issues related to participation in club activities
- ____ I understand that I will receive any newsletters and announcements by e-mail unless otherwise arranged with the Membership person.

EMERGENCY CONTACT INFORMATION (Name of contact if hurt or injured while on a ski trip?):

Contact #1 Name _____

Home phone: _____ Cell phone: _____

Contact #2 Name _____

Home phone: _____ Cell phone: _____