



PALM BEACH GATOR SNOW SKI CLUB

Mail Application TO: P.O. BOX 31524, PALM BEACH GARDENS, FL 33410-1524

<http://www.gatorsnowskiclub.com>

2018 - 2019 MEMBERSHIP APPLICATION

Membership Dues: Single \$40 Family \$60 Under 40 Years Old: \$20 (S) \$30 (F)

The undersigned hereby applies for membership in the GATOR SNOW SKI CLUB for the 2018 - 2019 season.

The membership is valid from 6/1/2018 through 5/31/2019. The applicant agrees to comply with all the rules of the club and agrees that he/she has read, understands and consents to the release that appears above the signature on this form.

PLEASE COMPLETE ALL OF THE REQUESTED INFORMATION - Please Print Clearly
Spouse information to be completed if FAMILY membership. FAMILY, as described by CLUB By Laws, consists of a husband and wife and/or dependent children. A FAMILY membership does not include a "significant other." A SINGLE member with dependent children shall pay the SINGLE rate.

NEW RENEWAL SINGLE \$40 FAMILY \$60 UNDER 40 SINGLE \$20 UNDER 40 FAMILY \$30

Check to **exclude** the following from the Directory (your name will be listed):

Address Home Phone Work Phone 1 Work Phone 2 Email Address 1 Email Address 2 Cell Phone 1 Cell Phone 2

Check NOT to be listed in the Directory

Gator Tales is available free of charge on our website: www.gatorsnowskiclub.com

MEMBER:

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Sex: M F Birthday: _____

Work Phone: _____ Occupation: _____

Cell Phone: (1) _____ Employer: _____

Email Address*: (1) _____

SPOUSE:

Last Name: _____ First Name: _____ M.I. _____

Work Phone: (2) _____ Sex: M F Birthday: _____

Cell Phone (2) _____ Occupation: _____

Email Address *(2) _____ Company: _____

NOTE: Member and Spouse must have different e-mails to both have access to the website. Your e-mail is your user name.

CHILDREN: (Must be dependent.)

Name: _____ Birthday: _____ Name: _____ Birthday: _____

By signing below, I/we acknowledge that I/we have read, understand and consent to the following release:

Name(s): _____ hereby apply for membership in the GATOR SNOW SKI CLUB, INC. D/B/A PALM BEACH GATOR SNOW SKI CLUB for the **June 1, 2018 to May 31, 2019** year. The CLUB is a not for profit organization created to promote group skiing, social and sports activities. I/We understand that the CLUB sponsored trips, programs and events often involve strenuous physical activity or involve risks inherent to group social and community functions. It is my/our responsibility to determine whether I/we should or should not participate in any activity. I/We recognize that I/we participate at my/our sole discretion and at my/our own risk. I/We specifically agree to assume all risk, responsibility and liability for any and all loss, injury and/or damage suffered by me/us, and/or my/our family while participating in any trip, party, social function, or other activity promoted or sponsored by the CLUB, including, without limitations, injuries, damage, and/or loss of property, caused by the negligence or failure to act of the Officers, Directors, Agents, and/or Representatives of the CLUB.

MEMBER'S SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

Club Use Only: Membership # _____ Check # _____ Amount \$ _____ Date: _____
Bank Name _____ Cash _____ Initials: _____