



# PALM BEACH GATOR SNOW SKI CLUB

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

<http://www.gatorsnowskiclub.com>

## 2020 – 2021 MEMBERSHIP APPLICATION

**Membership Dues: Single \$50 Family \$75, Under 40 Years Old: \$25 (S) \$35 (F)**

The undersigned hereby applies for membership in the GATOR SNOW SKI CLUB for the 2020 - 2021 season.

The membership is valid from 6/1/2020 through 5/31/2021. 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 minor children shall pay the SINGLE rate.

NEW  RENEWAL  SINGLE \$50  FAMILY \$75  UNDER 40 SINGLE \$25  UNDER 40 FAMILY \$35

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](http://www.gatorsnowskiclub.com)

### MEMBER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: M  F  DateOfBirth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: (1) \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address\*: (1) \_\_\_\_\_

### SPOUSE:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Work Phone: (2) \_\_\_\_\_ Sex: M  F  DateOfBirth: \_\_\_\_\_

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. Important: A non-refundable 3% credit card fee will be added to anyone paying with a credit card.**

CHILDREN: (Must be dependent Children under 21 years of age.)

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, 2020 to May 31, 2021** year. The CLUB is a non-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: \_\_\_\_\_