



PALM BEACH GATOR SNOW SKI CLUB

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

<http://www.gatorsnowskiclub.com>

2024 – 2025 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 2024 - 2025 season. The membership is valid from 6/1/2024 through 5/31/2025. 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
 Will **NOT Accept** TEXT messages

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, 2024 to May 31, 2025** 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: _____