



SKI WHEELERS SKI CLUB

Application for Membership

Personal Information:

Name _____ Home Phone _____
 Address _____ Work Phone _____
 City & State _____ Date of Birth _____
 Zip Code _____ Marital Status _____
 E-Mail Address _____
 Occupation _____ Employer _____

In case of emergency, please notify:

Name _____ Address _____
 Phone Number _____ City & State _____

Ski/Ride: Alpine [] Nordic [] Snowboard [] Ability: Beginner [] Intermediate [] Expert []

Are you interested in Racing? Yes [] No []

Are you now, or were you ever, a member of a ski club? Yes [] No []

If yes, which one? _____

How did you hear about the Ski Wheelers Ski Club? _____

Tell us why you wish to join the Ski Wheelers Ski Club. Include information about your interests and abilities. _____

Sponsor's Information:

I am a member of the Ski Wheelers Ski Club and I hereby sponsor this applicant for membership as the type of person who could be an asset to our Club.

Sponsor's Signature _____ Date _____

Print Name _____

Membership Criteria:

To be considered for membership, applicants must spend a minimum of four weekend nights over three organized weekends at the lodge, attend one General Meeting and meet the members of the Board.

Dates of organized nights at the lodge: _____

Date of the General Meeting attended: _____

Names of Board Members you have met: _____

Membership Level Requested (check one):

*Lodge (Gold) [] *Lodge [] General [] Associate [] Race []

* Must serve on a Committee (Select three in order of preference 1st, 2nd and 3rd):

Finance [], Lodge [], Membership [], Social [], Building & Lands [], Race [], Newsletter []
Fund Raising [], Tri-Club [], EICSL Representative [], Long Range Planning []

Applicant's Authorization:

I understand if I am accepted as a member my first year will be as a probationary member.

Signature _____ Date _____

Please include a recent photo of yourself with this application to help the Board Member's connect a face to a name. The Board Members will vote on this application at their next scheduled Meeting. The application will not be voted on without a photo. Photos will be returned after the review process. Mail the completed application and photo to the address below.

Feel free to contact me with any questions.

Susan Orsato – Membership Committee Secretary
45-B Sycamore St. – Providence, RI 02909 - (781)696-2326 - susanorsato@yahoo.com

Membership Committee Use Only:

Dates

Application Received	_____
Approved / Denied	_____
Applicant Notified	_____
Initiation and Dues Received	_____
Lodge Committee Notified	_____
Race Committee Notified	_____
Database Updated	_____