



**SANTA BARBARA
SKI & SPORTS CLUB
Membership Application
2009/2010
(Please Print)**

Name: _____

Address: _____ City _____

State: _____ Zip Code: _____ Date of Birth: _____

Telephone: _____
(Home #) (Business #)

Emergency contact: _____
(Name) (Home #) (Business #)

E-Mail Address for activity updates: _____

Employer and Occupation: _____

Are you a first time member? Yes ___ No ___

Membership Roster : The Club Membership Roster is distributed each year to the paid club members and is not intended for business use without written permission of the Board of Directors. Birthdate information is not included.

If you do not wish to be listed, please mark here:

How did you find out about the Santa Barbara Ski & Sports Club?

- Newspaper/Independent
- Friends / Other Members
- Our Website: WWW.SBSKI.ORG

In joining the SANTA BARBARA SKI & SPORTS CLUB, I assume all risks and hazards, incidental to such participation, including but not limited to transportation, skiing, and social activities, and agree to hold harmless the SANTA BARBARA SKI & SPORTS CLUB, its officers and members, from any liability while participating in any activities or for any claims for injuries in such activities.

I understand that the minimum age requirement to be a club member is 21 years of age and I will provide documentation verifying that I am at least 21 years of age.

Signature: _____

Date: _____

Membership

Membership # _____

Date _____

The Regular Membership
Year is September 1
through
August 31

Annual Membership Dues:

\$50 Per Person

\$10 Name Tag
Per Person

You may pick-up your name tag at regular meetings

*Membership fee is
Non-refundable

Please mail your check and application form to:

**Santa Barbara Ski
& Sports Club
P.O. Box 6751
Santa Barbara, CA
93160**

Membership Use Only:

Payment Amt _____

Cash

Check

Check # _____

Nametag Ordered