

Triple Cities Ski Club (TCSC) Membership Form



Please Print. Each applicant shall fill out their own form.

Name: _____

Mailing Address: Street, PO Box # _____

City, State, Zip Code _____

Phone Number: Home (_____) _____ Cell (_____) _____

E-Mail Address: _____

Membership Fee: Annual membership fee = \$10.00 & (\$5.00 summer membership April – August)

Make Check Payable to: TCSC \$ _____

Were you a member of TCSC last year (Y/N) _____

If you are a new member, how did you find out about TCSC? _____

Do you want your contact information listed in the TCSC Membership Directory? ____ Yes ____ No

Winter Sport Preference(s): Downhill Skiing Snowboarding Cross-County Skiing
 Snowshoeing None Other

Season Pass: ____ Yes ____ No Ski Resort(s) _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Home Phone #: (____) - _____
Cell Phone #: (____) - _____

By signing this membership application to the Triple Cities Ski Club, I attest that I am at least 21 years of age and recognize that any athletic or outdoor activity involves a degree of risk and I willingly and knowingly accept such risks associated with Triple Cities Ski Club outings/events/trips, and therefore I, my family, and/or my heirs agree to release from any liability forever, the Triple Cities Ski Club, its officers, directors, members, associates, or agents, for any personal injuries or my death as a result of my taking part in any event/outing/trip that the club offers.

X Legal Signature _____ Date _____

For Official Use Only

Member # _____ Amount Paid _____

NJSSC # _____ Cash _____ or Check # _____

Prior Year Membership (Y/N) _____

Date Imputed into Database _____

(Updated 9-6-17)

- Print Membership Form and complete it
- Make your check payable to "TCSC"
- Mail the Membership Form and check to:
TCSC Membership Director
PO BOX 23
Vestal, N.Y. 13851
- Or bring your Membership Form and your payment to a club meeting