

# 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 (REQUIRED):** \_\_\_\_\_

**Annual Membership Fee \$15.00    Make Check Payable to: TCSC**

**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 # \_\_\_\_\_ NJSSC # \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_

Date Imputed \_\_\_\_\_

Date Card Mailed \_\_\_\_\_

(Updated 8-31-19)

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