

MEMBERSHIP APPLICATION/ RENEWAL /INFORMATION UPDATE FORM

BLACK SKI, MORE THAN JUST A SKI CLUB



First Name _____ Middle Initial _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____ E-mail Address _____
 Telephone Numbers (Home) _____ (Cell) _____
 Date of Birth ___/___/___ ___ Male ___ Female Member Number # _____

NEW MEMBERS	ANNUAL RENEWAL	LIFETIME MEMBERSHIP	1 st TIME TRIAL MEMBERSHIP
<input type="checkbox"/> Individual - \$55.	<input type="checkbox"/> Individual - \$30.	<input type="checkbox"/> Individual - \$500. (Flat Rate)	<input type="checkbox"/> Individual - \$15. For a period of (90 days)
<input type="checkbox"/> *Family - \$90.	<input type="checkbox"/> Family - \$45.		Within the 90-day period, you may apply \$15. toward Individual or Family Membership
<input type="checkbox"/> Youth - \$15.	<input type="checkbox"/> Youth - \$10.		

* Family Includes parent(s) & children 7 -18, No charge for children under 7 yrs. if a parent is a member.

*Sponsor's Name _____

*Sponsor gets \$5. certificate for use on Black Ski activities for each new Lifetime, Individual or Family membership.

I would like to make a Non Tax Deductible Donation to our Youth Program \$ _____

* By checking this box, I agree that I am joining Black Ski, Inc. as a member, and that I hereby release Black Ski, Inc., its officers, directors, employees, leaders and volunteers from any liability, damages or claims arising from injury or property damage sustained by me related to any Black Ski, Inc. activity or event.

***Your Black Ski Membership Is Not Valid Unless Box Is Checked. Date:**

Be sure you've completed the form properly. Check appropriate submittal method to see total due.

If paying via a check or money order, mail form, along with payment in the amount of payable to:

Membership Application/Renewal, Black Ski, Inc., P.O. Box 90762 Washington, D. C. 20090-0762

Total Due \$ _____

If paying via a PayPal account, email completed form to **membership@blackskiinc.org**.

Total Due \$ _____