

Hudson Valley Ski Club

Membership Application

(September 7, 2011 – September 5, 2012)

Please **print clearly!** Application must be received by December 1st to appear in the Annual Membership Directory.

[] Check here if you **DO NOT** wish to be listed in the Annual Membership Directory.

Name(s): (1)* _____
(2) _____

*Name (1) will receive the monthly Newsletter and all mailings. Name (2) becomes the "X" member (same membership number as (1) followed by an "X").

Street: _____

City: _____ State: _____ Zip: _____ - _____

Phone: Home: _____

[]

Check box for any phone #

Membership Committee use only:

Work (1): _____

[]

you **DO NOT** want listed in the Membership Directory.

Check #: _____

Work (2): _____

[]

Check Amount: _____

Cash Amount: _____

Date: _____

Membership Number(s): _____

Check the membership fee which applies:

	<u>New Member</u>	<u>Renewal on or Before 9/7</u>	<u>Renewal After 9/7</u>
Individual Membership	[] \$40.00	[] \$30.00	[] \$40.00
Couple Membership	[] \$50.00	[] \$40.00	[] \$50.00

**Make your check payable to:
H.V.S.C.**

The HVSC occasionally seeks the advice and assistance from people with professional expertise or significant skills that could help the club. In order to create and maintain an up-to-date semi-confidential directory, we ask that you check those items which you feel at least somewhat proficient in. (This information is not made public, and is only accessible for HVSC administrative/committee purposes). Check as many boxes as you feel applicable:

<input type="checkbox"/> Ski/snowboard instruction	<input type="checkbox"/> Administration/Leadership/Organization	<input type="checkbox"/> Marketing/Advertising/Publicity
<input type="checkbox"/> Accounting/Banking/Budgeting	<input type="checkbox"/> Real Estate/Construction	<input type="checkbox"/> Writing/Photography
<input type="checkbox"/> Computer graphics/programming	<input type="checkbox"/> Attorney/Legal Services	<input type="checkbox"/> Travel/Tourism

If you have an e-mail address you would like listed in the Membership Directory, write it here:

(1) _____ @ _____ (2) _____ @ _____

I (we) am (are) at least 21 years of age.

Signature (1): _____ Date: _____

Signature (2): _____ Date: _____

Submit this application and payment at the Membership Desk at any meeting or mail to:

Peter Gray IV, 55 Hagan Drive, Poughkeepsie, NY 12603-5016

Please read & sign the waiver on the reverse side of this form.

