

To apply for membership:

Please fill in the form and mail to membership when finished.

Important: Couples are recorded as one application.

This Application is for Individual Couple

First Name:

Last Name:

Street address:

City:

State:

Zip Code:

Home Phone: Format 000/000-0000 please.

Other Phone: Format 000/000-0000 please.

Fax: Format 000/000-0000 please.

Emergency Contact:

Applicant

Spouse/Partner

E-mail:

Born Yr-Mth-Day:

Occupation before retirement:

Retired please check this box:

Interest in Volunteering:

Committee member:

Board/Officer:

Assist:

Activities:

DH Ski

XC Ski	<input type="checkbox"/>	<input type="checkbox"/>
Snowshoe	<input type="checkbox"/>	<input type="checkbox"/>
Hike	<input type="checkbox"/>	<input type="checkbox"/>
Camp	<input type="checkbox"/>	<input type="checkbox"/>
Canoe/Kayak	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>
Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="text"/>	<input type="text"/>

If applying as a couple provide following:

Spouse or Partner's First name:

Spouse or Partner's last name:

How did you hear of us? Did a member recommend us?

Name of any Referral: