Seniors Alpine Ski Club
2009/2010 Application for Membership

Fee: ***$25/person*** *for the 2009/2010 ski season (Dec 01/09 to Nov 30/10) —* ***Please get your application in early.***

Note: *New Members must be 55 years of age or older and must provide proof of age (photocopy of birth certificate or drivers license) with this application.*

Please print clearly ***(separate form required for each applicant).***

Family Name: _____ First Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: ( ) _____

E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | | |

Print clearly in BLOCK LETTERS

Date of Birth (yyyy/mm/dd): ____ / ____ / ____

❑ Some of my information has changed since last year (***renewing members***)

❑ Renewal ❑ New Member ❑ Proof of Age provided (if New Member)

I am willing to share the following items of my personal information with other Club members:

❑ My telephone number ❑ My e-mail address

Exclusion of Liability and Release

By signing this form, I assume all risk of personal injury, death or property loss resulting from any cause whatsoever including, but not limited to, the inherent risks of skiing. I hereby release and waive all claims for all possible causes of action including, but not limited to, negligence, breach of duty and breach of contract, against *Seniors Alpine Ski Club*, its Officers, organizers, employees, participants, or sponsors.

Signature: _____ **Date:** _____

N.B. — A new ***Signed Application*** *is required* ***each*** *year.*

Note: Applicants can pick up their 2009/2010 Membership Card at scheduled Registration Session dates published in the Club's *Ski Chatter* newsletter. However, they are requested to submit this form, proof of age (new members only) and cheque to the address below ***prior to these sessions*** so all paperwork can be completed in advance.

Please ensure you have filled in ***all*** *the necessary data, read the Exclusion of Liability and Release,* ***signed*** *the application, enclosed* ***proof of age*** *(new members only), and enclosed* ***payment****. Please do not send cash through the mail.*

Make your cheque payable to: ***Seniors Alpine Ski Club****.*

Mailing Address: Seniors Alpine Ski Club
1111 Memorial Drive N.W.
Calgary, AB T2N 3E4

Phone/E-mail Enquiries: **Jim Kinnaird** (403-266-0003 or sascmembership@telus.net)
Website: www.seniorsalpineskiclub.com

Amount Enclosed: $ _____ ❑ Paid by Cheque # _____ ❑ Cash

Other persons covered by enclosed cheque (names): _____

❑ Card Sent

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