



# Sitzmark Ski Club

## Membership Form

Print and complete this form. Mail it along with your payment to:

Sitzmark Ski Club  
Attention Membership Chairperson  
P.O. Box 386  
Libertyville, IL. 60048,

Privacy: The information given will not be used for anything except Club Business (i.e. Newsletter, Membership Directory, etc.). If you do NOT want your name published in our club directory, check here:

Name(s) \_\_\_\_\_ (as appears on Drivers License)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Member Information

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birthdate (MM/DD) \_\_\_\_\_

### Spouse/Partner Information

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birthdate (MM/DD) \_\_\_\_\_

Check here for postal delivery If you cannot receive your newsletter via email.

Membership – Single \$35 or Couple/Family \$45

I will abide by the constitution and by-laws of the SITZMARK SKI CLUB. I hereby release the Club from any and all responsibility or liability whatsoever, for any loss or damage to property or any personal injury occurring at/on Club functions. I am 21 years of age or older.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please do not write below this line.**

Sitzmark official initials \_\_\_\_\_ Amount Paid \_\_\_\_\_