



The Ski Ambassadors
Colorado Springs, Colorado

President	_____
Vice President	_____
Secretary	_____
Membership Chair	_____

P.O. Box 25034
Colorado Springs, CO 80936-5034

Please Print or Type

**THE SKI AMBASSADORS
MEMBERSHIP APPLICATION**

NAME(S) _____ BIRTH DATE(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

SKI/BOARD/NON SKIER (circle) HOBBIES _____
SKI/BOARD/NON SKIER (circle) HOBBIES _____

E-MAIL ADDRESS _____

CHILDREN (under 18 years of age)

NAME _____ BIRTH DATE _____ SKI LEVEL: Beg/Imed/Adv (circle)

NAME _____ BIRTH DATE _____ SKI LEVEL: Beg/Imed/Adv (circle)

NAME _____ BIRTH DATE _____ SKI LEVEL: Beg/Imed/Adv (circle)

PLEASE indicate interest in any of the following committees you would like to be on:

ACTIVITY _____ FINANCE _____ PUBLICITY _____ YOUTH _____ FUNDRAISING _____
AUDIT _____

TYPE OF MEMBERSHIP:

SINGLE (one adult single or joining without spouse) \$25.00 _____

FAMILY (couple with/without children<18 or single parent with children<18 \$35.00 _____

FEE INCLUDES \$5.00 DONATION TO YOUTH FUND

RELEASE OF LIABILITY: I understand that it is encumbered upon me as a participating member in any club events to do so in a manner which will not duly pose a threat to the safety of myself or others. In the event of injury to myself or my family, I hereby release the Ski Ambassadors Club, Inc. from any liability whatsoever.

Signature _____

Date _____

Signature _____

Date _____

**If you would like your information distributed to fellow club members, please initial _____