Please complete this digital form, then print it out, SIGN, DATE and send ONE COPY for each person joining.

Remember to include your check (made out to Skidaddlers) and submit at a meeting or mail them in.

SUFFOLK SKIDADDLERS SKI CLUB, INC. Mail to: Charles N. Pardo, Membership Chairman, 1 Abrams Place, Lynbrook, NY 11563 MEMBERSHIP APPLICATION			NEW MEMBER NUMBER	
LAST NAME	FIRST NAME	MI	OLD MEMBER NUMBER	
STREET ADDRESS				
CITY	STATE	ZIP CODE	OPPORTUNITIES TO HELP TREASURY	
EMAIL ADDRESS			☐ PICNICS ☐ NEWSLETTER	
HOME PHONE ()	CELL PHONE W () (ORK PHONE	☐ MEMBERSHIP☐ PARTIES	
EMERGENCY CONTACT RELATIONSHIP NAME PHONE ()			☐ SKIING	
ADDRESS	PHONE (ST ST	ATE ZIP CODE	FOR CLUB USE ONLY	
officers and members who have opportunities to participate in var Club activity and taking advantagall activities arising from my pres	DATE			
skiing, as well as other sport and participating at my own risk in an Suffolk Skidaddlers Ski Club, Inc claims or demands which I, my hoc., its officers and members, for may incur by participating in a Su	AMOUNT RECEIVED \$ CASH CHECK			
Inc., its officers and members fro fees and costs, which they or any Ski Club, Inc. activities. By signir	om any liability, loss, claims, demands, actions, causes of y of them may incur arising from my and my guests' partic ng this document, I acknowledge that I have read the aboved it voluntarily with full knowledge of its significance.	action or damages, including legal cipation in these Suffolk Skidaddlers	RECEIVED BY	
SIGNATURE		DATE		