

PLEASE PRINT LEGIBLY

Date Received _____

CABERFAE SKI CLUB APPLICATION FOR MEMBERSHIP

I (We) _____ (name)

of _____ (address)

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

do hereby apply for a [family] [individual] membership in Caberfae Ski Club. If accepted for membership, I agree to abide by all house rules and all provisions of the Club's bylaws. I understand that I/we may not smoke in the club, nor may any guests I invite to the club.

Please list names of family members:

Signature of applicant _____
Date _____

I hereby sponsor this/these applicant(s).

Signature of member (for 12 months or more) _____
Date _____

If available, I would like to rent a ski locker. Yes _____ No _____

Mail this application with \$25.00 deposit (nonrefundable) to:

*Caberfae Ski Club
P.O. Box 655
Cadillac, Michigan 49601*