

Triple Cities Ski Club (TCSC) Membership Form

Please write legibly. Each applicant shall fill out their own form.

Name: _____

Mailing Address: Street, PO Box # _____

City, State, Zip Code: _____

Phone Number: (_____) _____

E-Mail Address(es): _____

Membership Fee:Annual membership fee = \$10 (\$5 for summer membership, May through August) \$ _____

If you are a new member, how did you hear about TCSC? _____

Do you want your contact information listed in the TCSC Membership Directory? ___Yes ___No

Do you want to receive TCSC event notices via e-mail? (You may opt-out at any time.) ___Yes ___No

Do you want to be part of a TCSC e-mail group (You may opt-out at any time.) ___Yes ___No

Winter Sport Preference: Downhill Skiing Snowboarding Cross-Country Skiing Snowshoeing
 None

Person to contact in case of emergency:

Name : _____ Relationship: _____ Phone: _____ - _____ - _____

By signing this membership application to the Triple Cities Ski Club, I recognize that any athletic or outdoor activity involves a degree of risk and I willingly and knowingly accept such risks associated with Triple Cities Ski Club outings/events/trips, and therefore I, my family, and/or my heirs agree to release from any liability forever, the Triple Cities Ski Club, its officers, directors, members, associates, or agents, for any personal injuries or my death as a result of my taking part in any event/outing/trip that the club offers.

X Legal Signature _____ Date _____

For Official Use Only

Membership # _____ Amount paid _____

NJSC# _____ Prior Year Membership # _____

- Print the Membership Form and complete it
- Make your check payable to "TCSC" for the applicable amount
- Mail the Membership Form, along with your check to:
TCSC
c/o Terri Noga-Starnick
15 Addison Court
Binghamton, NY 13904-1147
- Or bring the Membership Form and your payment to a [Club Meeting](#)