

Application for Annual Great Falls Ski Club Membership fee is \$25 per adult. Membership term is from September through August each year.

Members please **print clearly** on the following items so we can make sure that you receive newsletters and other announcements in a timely fashion.

Name _____

Mailing address _____ City _____

Zip Code _____

E-mail address (optional) _____

Secondary E-mail address (optional) _____

Telephone number(s) _____ (H) _____ (C)

Please complete the following information for planning purposes by your Board.

How do you want your newsletter delivered: () e-mail; () USPS; () both

Are you likely to go on ski trip this year: () in-state trip; () out-of state trip; () both

Are you interested in back-country skiing: () Yes; () No; () Maybe in the future

Which club activity do you prefer to participate in? Check all that apply: () ski swap; () skier education; () highway clean-up; () Showdown Labor Day cookout; () mannequin jump; () snowball planning committee; () monthly meetings only; () Other, please specify _____; () none of the above

Mail payment to: Great Falls Ski Club
P. O. Box 166
Great Falls, Mt 59403
Attn: Scott

Below is office use Only

Voucher # issued _____ Date Issued _____ By _____