COLUMBIA SKI
&
ADVENTURE CLUB

2023 – 24 MEMBERSHIP FORM

(Membership Year runs September 1 - August 31)

MEMBERSHIP DUES (Please check one.):
Individual (must be 21 years old) $10 _____
Family $15 _____

NAME:_____ **Birth Date:**_____
ADDRESS:_____
CITY:_____ **STATE:**_____ **ZIP:**_____
E-MAIL ADDRESS:_____
Business/Occupation:_____
Home Phone:_____ **Cell Phone:**_____

FAMILY MEMBERSHIP: Spouse and children under 21 yrs. only.
SPOUSE:_____ **Birth Date:**_____
E-MAIL ADDRESS:_____
Business/Occupation:_____ **Cell Phone:**_____
CHILD:_____ **Birth Date:**_____
CHILD:_____ **Birth Date:**_____

CLUB PARTICIPATION: May we call on you to serve on our Board or work with a Board member on a committee or project?_____

CLUB AREAS OF INTEREST: Socials _____ Ski Trips _____
Weekend Activities _____ Happy Hours _____

Make all checks payable to and mail to:**COLUMBIA SKI & ADVENTURE CLUB**
6551 Haley Drive
Columbia, SC 29206

How did you learn of the Columbia Ski & Adventure Club? Please let us know so we can thank them for telling others about the club._____

AGREEMENT: I do hereby absolve, release, and waive any and all claims and demands against the Columbia Ski & Adventure Club, its officers, directors, and each and every member thereof, which may arise out of, or be related to, any injury, damage or pecuniary loss to me or any member of my family by reason of such Club membership and participation in sponsored activities.

Signed:_____**Date:**_____