

**OMAHA SKI CLUB MEMBERSHIP APPLICATION  
JUNE 2019 – MAY 2020**

MEMBERSHIP STATUS: NEW \_\_\_\_ RENEWAL \_\_\_\_

FAMILY \$25\_\_\_\_ (\$30 if paid after September 30, 2019)

SINGLE \$22\_\_\_\_ (\$27 if paid after September 30, 2019)

**MEMBER INFORMATION - - - PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Check this box  if you are 21 years or older. For family membership, list all dependent minors on back of application.

If new member, how did you hear about the club? \_\_\_\_\_

Ski/Snowboard destinations you're interested in: \_\_\_\_\_

Activities you're interested in: Biking\_\_\_\_ Bowling\_\_\_\_ Dinners\_\_\_\_ Other\_\_\_\_  
(please list)

Other Interests: (please list) \_\_\_\_\_

**NOTE:** BY SIGNING THIS APPLICATION I RELIEVE THE OMAHA SKI CLUB, INC. (OSC) OF ANY RESPONSIBILITY FOR ACCIDENT OR INJURY I INCUR WHILE PARTICIPATING IN ANY OSC ACTIVITIES. I ALSO CERTIFY THAT I AM OF LEGAL DRINKING AGE IN THE STATE OF NEBRASKA.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Must be signed and dated)

[OSC USE ONLY] MEMBERSHIP NO. \_\_\_\_\_ BD. \_\_\_\_\_ TR. \_\_\_\_\_ NL. \_\_\_\_\_

Mail to: Omaha Ski Club, P.O. Box 3104, Omaha, NE 68103-0104