

**OMAHA SKI CLUB RECIPROCAL MEMBERSHIP APPLICATION
JUNE 2024 – MAY 2025**

I currently am a member of this club: _____

No additional dues needed for Omaha Ski Club reciprocal membership.

RECIPROCAL 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.

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

