Please Return To: Tom Davis, Membership Chairman
3929 Hyatt Avenue, NW
Massilon, OH 44646
Make check payable to: Chagrin Valley Ski Club

MEMBERSHIP APPLICATION --- CHAGRIN VALLEY SKI CLUB
(Please Print)

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DATE: _____ - _____ - _____

NAME: _____ _____ _____
First Name MI Last Name

SPOUSE/SO: _____ _____ _____
First Name MI Last Name

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HM PHONE: (____) _____CELL: (____) _____

EMAIL: _____

SPOUSE/SO EMAIL: _____

MEMBERSHIP CATEGORY: (circle one):

Single Membership ($20.00) Family Membership ($35.00) Single Event Membership ($10.00)

OCCUPATION: _____ COMPANY: _____

CHILDREN:

First Name: _____ Birth Date: _____ _____ _____
Month Day Year

First Name: _____ Birth Date: _____ _____ _____
Month Day Year

First Name: _____ Birth Date: _____ _____ _____
Month Day Year

First Name: _____ Birth Date: _____ _____ _____
Month Day Year

REFERRED BY: _____

DO YOU HAVE A SPECIAL INTEREST OR TALENT THAT YOU WOULD BE WILLING TO SHARE WITH OUR CLUB MEMBERS? IF SO, PLEASE TELL BRIEFLY WHAT THEY ARE.

_____

_____

_____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ONE OF THE FOLLOWING:

1. Ken Pim, President: 216-832-0514 2. Tom Davis, Membership Chairman: 330-832-0514

DUES ARE TO BE PAID EACH YEAR ON OR BEFORE JULY 1. THE CLUB WILL SEND A REMINDER.

Applicants who are not acquainted with two club members should call the people listed above - they will suggest an event where you can be introduced to other club members.

www.chagrinskiclub.com