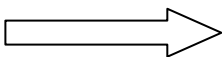


Welcome to the Trenton Ski Club!

**Instructions For
Completing This
Membership
Application Form:**



- Please **PRINT clearly** and complete all sections that apply to you. Mail your completed form with a check or money order for the appropriate amount to: TSC Membership, PO Box 10194, Trenton, NJ 08650
- All members 18 or older must have a signed Liability Waiver (Release form) on file. **If you did not already submit one**, the form is available on-line. To print it, go to: www.trentonskiclub.com, under the Menu, click on “Other”, then click on “Waiver Form”.
- New Ski Season Dues are payable **on or before June 1st** of each year.

_____	_____	_____	_____
Print Primary Member's Last Name	Print First Name	MI	Date Form Completed
_____	_____	_____	_____
Street Address	City	State	Zip Code
(____) _____	(____) _____	(____) _____	
Home Phone Number	Day/Work Phone Number	Cell Phone Number	
_____	_____		
Date of Birth	E-mail address		

Check one of the following:	Check one of the following:	Dues:
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Single	\$25
<input type="checkbox"/> Renewing Member	<input type="checkbox"/> One Active Parent with Child(ren) under 21 years of age	\$30
<input type="checkbox"/> Rejoining Member	<input type="checkbox"/> Couple, with or without children under 21	\$40

If you did **NOT** check “Single” above, please complete the following sections, as appropriate, for everyone else covered by this membership:

_____	_____
Full Name of Spouse/Partner (if applicable)	Spouse/Partner's E-mail Address
(____) _____	(____) _____
Spouse/Partner's Day/Work Phone Number	Spouse/Partner's Cell Phone Number

	Date of Birth

_____	_____	_____	_____
Full Name of 1st Child	Date of Birth	Full Name of 2 nd Child	Date of Birth
_____	_____	_____	_____
Full Name of 3 rd Child	Date of Birth	Full Name of 4 th Child	Date of Birth