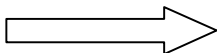


# *Welcome to the Trenton Ski Club!*

**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 2413, Trenton, NJ 08607-2413
- 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](http://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		

<b>Check one of the following:</b>	<b>Check one of the following:</b>	<b>Dues:</b>
<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 <sup>nd</sup> Child	Date of Birth
Full Name of 3 <sup>rd</sup> Child	Date of Birth	Full Name of 4 <sup>th</sup> Child	Date of Birth