



Nomad Ski Club

Membership Application _____ <- (Ski Season)

Member #: _____

Date: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email Address: _____

Birth Date: _____ (mm/dd/yyyy - for statistical purposes)

- Male Adult Annual: \$25
- Female Child Membership \$1
(with Member Parent)

Introduced To Club By: _____

How Did You Hear About This Club? _____

Do you wish to receive your newsletter by E-mail? Yes No

A membership directory is printed annually. Please check those items below that you want printed in the directory (2 phone numbers only). No substitutions will be made.

- | | | | | | |
|-----------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Name In Directory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Work Phone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Address In Directory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cell Phone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Home Phone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E-mail Address? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*I hereby state that I am over 21 years of age and will abide by the **Nomads Charter & By-Laws** as presently adopted.*

Signature: _____

I hereby give my consent for this applicant to become a member of the Chicago Nomad's Ski Club. I declare the above statements are true and accurate.

Signature of Parent/Guardian: _____

(Make Checks Payable To: Nomad Ski Club)

Bring to any Nomad meeting and give to any Board Member or mail to
Chicago Nomad Ski Club, P.O. Box 414, Oak Lawn, IL 60453