Please Return To: Ken and Pam Pim
2955 Scarborough
Cleveland Heights, OH 44118
KAPim@aol.com

Make check payable to: Chagrin Valley Ski Club

MEMBERSHIP APPLICATION --- CHAGRIN VALLEY SKI CLUB

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____
Street City Zip code

EMAIL: _____

MEMBERSHIP CATEGORY: (check one)
New Single Membership $20.00 dues
New Family Membership $35.00 dues
New Event Membership ($10.00 Minimum)

OCCUPATION:

Company: _____ Bus. Phone: _____

SPOUSE: Name: _____ _____

CHILDREN: Name: _____ birthdate _____
Name: _____ birthdate _____
Name: _____ birthdate _____

NEW MEMBER REFERRED BY: 1. _____
2. _____

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:

PRESIDENT: Ken Pim (440) 749-2150
MEMBERSHIP: Tom Davis (330) 926-2465
Email: membership@chagrinskiclub.org

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.