



# FOUR WINDS SKI & SOCIAL CLUB

Four Winds Ski & Social Club  
P.O. Box 77  
Itasca, IL 60143

## Annual Membership Rates

Check One Box for Type of Membership:  
Membership Year is: May 1<sup>st</sup> to April 30<sup>th</sup> of following year

	<b>New Member</b>	<b>Current Member</b>	<b>Renewal</b>
		<b>BEFORE Sept. 30</b>	<b>AFTER Sept. 30</b>
INDIVIDUAL	( ) \$30	( ) \$25	( ) \$30
FAMILY	( ) \$40	( ) \$35	( ) \$40

### NOTE:

**Reverse side must also be filled out in full.**

To be eligible for individual or family membership, you must be 21 years of age or older. Family membership is open to married couples or single parents who have dependent children; emancipated children must apply as individual members.

On which committees would you be willing to serve?

- ( ) Ski                      ( ) Newsletter
- ( ) Social                      ( ) Summer Activities
- ( ) Membership              ( ) Promotion/Public Relations

The Four Winds Ski & Social Club needs you and your special abilities and experience to develop and sustain its programs. Please indicate any areas where you think you could make a contribution, either on a committee or some other area of club operation.

---



---



---

How did you hear about us?

### MEMBERSHIP APPLICATION (Please Print)

**Name:** \_\_\_\_\_

**Date of Birth: Month and Date** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth: Month and Date** \_\_\_\_\_

**Children - Name(s) and Age(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** (    ) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Business Phone (Optional):**  
(    ) \_\_\_\_\_ **Ext.** \_\_\_\_\_

I (We), the undersigned, do hereby agree that I (we) will support the Four Winds Ski & Social Club to the best of my (our) ability in accordance with the Constitution and By-laws of the Club.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**Dated:** \_\_\_\_\_

For Membership Committee Use Only
Date application received _____
Amount of dues paid _____

**AGREEMENT & RELEASE OF LIABILITY**

I (We) \_\_\_\_\_ and \_\_\_\_\_ HEREBY  
(Print Name) (Print Name)

ACKNOWLEDGE that I (we) have voluntarily applied for membership to Four Winds Ski & Social Club and I (we) have also voluntarily applied to participate in snow skiing, snow ski racing and other activities organized by Four Winds Ski & Social Club.

I AM (WE ARE) AWARE THAT SNOW SKIING, SNOW BOARDING, SNOW SKI RACING AND SNOW BOARD RACING ARE HAZARDOUS ACTIVITIES, AND I AM (WE ARE) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL LIABILITY AND ANY AND ALL RISKS OF INJURY OR DEATH.

In consideration of the sum of one (\$1.00) dollar and other good and valuable consideration, receipt of which is hereby acknowledged, I (we) hereby agree that my (our) heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach to property of, or prosecute Four Winds Ski & Social Club and it's officers, agents, representatives and members for injury or damage resulting from the negligence or other acts howsoever caused, by any officer, agent, representative, or member of Four Winds Ski & Social Club, as a result of my (our) participation in any and all other Four Winds Ski & Social Club activities and resulting from the negligence or carelessness on the part of persons aforementioned of Four Winds Ski & Social Club.

I (WE) HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM (WE ARE) AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF (OURSSELVES) AND FOUR WINDS SKI & SOCIAL CLUB AND SIGN IT OF MY (OUR) OWN FREE WILL(S).

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_