

# Knoxville Ski & Outing Club, Inc.

## Membership Application

Name (1<sup>st</sup> adult) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Name (2<sup>nd</sup> adult) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Age Range (circle one) < 21    21 – 29    30 – 39    40 – 49    50 – 59    60+

Child \_\_\_\_\_ Age \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_

INTERESTED IN (circle):    RACING PROGRAM    BEGINNER PROGRAM
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please circle the activities that you are interested in:**

Biking    Camping    Golf    Hiking    Rafting    Sailing    Tennis    Snow Skiing    Snowboarding  
 Other \_\_\_\_\_

**KSOC Board Position or Committee Member:**

President    Internal VP    External VP    Secretary    Treasurer

Crescent Rep	Distant Trips	Events & Programs	Kids Activities	Local Ski Trips
Membership	Non-Ski Outings	Publications	Publicity	Race Team
Ski School	Social	Webmaster		

**Membership**

New \_\_\_\_ Renewal \_\_\_\_ Referred by \_\_\_\_\_

Membership period is from August 1<sup>st</sup> to July 31<sup>st</sup>

Children under age 21 are included in a family membership.

Associate memberships are limited to those outside a 100 mile radius of Knoxville, Tennessee.

**Mail check to: KSOC, P.O. Box 32773, Knoxville, TN 37930-2773**

**ATTN: Membership**

**Annual Dues**

Family	\$55.00
Couple	\$50.00
Single Parent	\$45.00
Single	\$40.00
Associate	\$30.00
Student	\$30.00

**RELEASE:** In consideration of the mutual benefits derived from membership in the Knoxville Ski & Outing Club, Inc. (KSOC, Inc.) and acknowledging the hazards inherent in the sport of snow skiing, the undersigned does hereby assume all risks and absolves, releases and waives any and all liability, claims or demands against the KSOC, Inc., its officers, directors, and every member thereof which may arise out of, or be related to any injury or pecuniary loss by reason of said membership. The undersigned does hereby abide by the rules/by-laws of the KSOC, Inc.

Witness my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ after carefully reading the foregoing statement, signing the same as my/our own free act.

Applicant Signature \_\_\_\_\_

Spouse's Signature \_\_\_\_\_