



CABERFAE SKI CLUB

P.O. Box 655

Cadillac, MI 49601

www.caberfaeskiclub.org

Email: caberfaeskiclub@yahoo.com

Date Received _____

(Secretary / Treasury to record)

APPLICATION FOR MEMBERSHIP (Please print very clearly)

I / We, _____
(Name(s), Husband & Wife's first & last or Individual's first & last)

Address: _____
(Street, apt.)

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____
(Please include area code) (Please print very clearly)

I / We do hereby apply for a _____ FAMILY or an _____ INDIVIDUAL membership in the
(Please check one, family or individual)
Caberfae Ski Club. By accepting membership, I / We agree to abide by all House Rules,
Policies and all provisions of the Ski Club's Bylaws.

Signature of Applicant (s) _____ Date: _____

Signature of Applicant (s) _____ Date: _____

Please list children to be included in your FAMILY membership, note ages:

SPONSORED BY, 2 required:

(Sponsors must be Members in good standing for at least 12 months prior to sponsoring applicant)

The following members hereby sponsor applicant(s).

(1) _____ & _____, Date: _____
(Please print name clearly) (Please sign & Date)

(2) _____ & _____, Date: _____
(Please print name clearly) (Please sign & Date)

Mail completed Application with \$25.00 non-refundable application fee to:

Caberfae Ski Club, Inc.

P.O. Box 655

Cadillac, MI 49601