



CABERFAE SKI CLUB

P.O. Box 655

Cadillac, MI 49601

www.caberfaeskiclub.org

Email: caberfaeskiclub@caberfaeskiclub.org

Date Received _____
(Secretary / Treasury to Record)

APPLICATION FOR MEMBERSHIP

(Please print very clearly)

I / We, _____

Address: _____

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 **2 separate Memberships** in good standing for at least 12 months prior to sponsoring)

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 \$50.00 (checks only, canceled check is your receipt) non-refundable application fee to:

**Caberfae Ski Club, Inc.
P.O. Box 655
Cadillac, MI 49601**

*PLEASE NOTE: It is the responsibility of the applicant to give notice of contact information.
If applicant is unreachable the membership will be given to the next one on the list.*