

Membership Application



The Sarasota Ski-A-Rees offers equal membership opportunities regardless of race, color, religion, national origin, age, disability, or sex. Please complete both this form and return it to the Membership Director or any members of the Board of Director. All applications will be reviewed by the Board of Directors prior to being brought to a vote by the club membership. All applications must be accompanied by the appropriate initiation fee (which will be returned if the application is rejected).

PERSONAL INFORMATION

Application Date: _____

Full Name: _____

Birth Date: _____ Gender: Male Female

E-Mail Address: _____

USA Waterski Number _____

Other Club Affiliation: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: () _____ (mandatory)

Work Phone: () _____ Extension: _____

Mobile Phone: () _____

MEMBERSHIP INFORMATION

IMPORTANT - Please type or print clearly all information requested on the left side of this application. Refer to the Membership Information Packet for further details on membership types and insurance coverage.

USA Waterski Number: If you are a current USA Water Ski member, please provide your USA Water Ski membership number in the space provided.

Waiver: Each Active member is required to sign a waiver and release of liability form in conjunction with membership. Memberships will not be considered valid without a signed waiver. All membership types require a waiver, with the exception of Supporting Memberships.

Type of Membership Applying For:

- Family
- Individual
- Collegiate
- Supporting

FAMILY INFORMATION

Complete this section only if you selected the Family Membership option. Provide the names and requested information for your family members (spouse and dependent children age 18 and under) and require membership. Please note that only family Active members may participate in club activities.

Spouse/Dependents' Full Name <small>(children age 18 & under)</small>		USA Waterki Membership Number	Birth Date	Gender	E-mail	Phone/Cell	Signed Waivers
Spouse				M F			<input type="checkbox"/>
Child				M F			<input type="checkbox"/>
Child				M F			<input type="checkbox"/>
Child				M F			<input type="checkbox"/>
Child				M F			<input type="checkbox"/>

(list any additional family members on a separate sheet of paper)

I/we have received, read and understood the materials presented me/us in the Membership Information Packet. Upon acceptance of my/our application for membership in the Sarasota Ski-A-Rees, I/we do hereby agree to abide by all rules and bylaws.

Signature Date

Print Name

I/we do hereby give my consent for the above named minor(s) to become member(s) of the Sarasota Ski-A-Rees and do hereby waive any and all claims against the Ski-A-Rees.

Signature Date

Print Name

Thank you for your membership application!