



Sitzmark Ski Club

Membership Form

Print and complete this form. Mail it along with your payment to:

Sitzmark Ski Club
Attention: Membership Chairperson
P.O. Box 386
Libertyville, IL. 60048,

Privacy: The information given will not be used for anything except Club Business (i.e. Newsletter, Membership Directory, etc.). If you do NOT want your name published in our club directory, check here:

Name _____ (as appears on Drivers License)

Address _____

City _____ State _____ Zip _____

Member Information

Home phone _____

Work _____

Cell _____

E-Mail Address _____

Birthdate (MM/DD) _____ (optional)

Membership Dues—\$20/adult Renewal by Sept 1 (consecutive seasons)—\$15/adult
Current Sitzmark membership card signed by the membership chair' is proof of payment

I will abide by the constitution and by-laws of the SITZMARK SKI CLUB. I hereby release the Club from any and all responsibility or liability whatsoever, for any loss or damage to property or any personal injury occurring at/on Club functions. I am 21 years of age or older.

Signature _____ Date _____