



# Ski Atlantic Seniors' Club

## 2019/2020 Application for Membership

**Name \***

First Name      Last Name

**Phone Number: \***

Area Code      Phone Number

**Address: \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**E-mail \***

example@example.com

**I am primarily a: \***

- Skier  
 Snow boarder

**I am a new member \***

- YES  
 NO

**Birth Date (NEW MEMBERS ONLY):**

Month      Day      Year

**Home Hill \***

- B (Ben Eoin)       V (Brookvale)  
 F (Mont Farlagne)       M (Martock)  
 P (Poley)       S (Sugarloaf NB)  
 W (Wentworth)       C (Crabbe, Social membership only)

**Application \***

- I hereby apply for a SKIING/Social Membership card
- I hereby apply for a Social Membership card. I certify that I am 55 years of age, or I am a spouse or partner of an SASC member.

- Check here if you are unable to print your e-pass and/or do not have a cell phone and we will print one out and send it to you by regular post.
- Check here if you are interested in serving on the SASC Board of Directors in future.

**Certification \***

- I hereby agree to abide by the Constitution and By-laws of Ski Atlantic Seniors' Club and by signing below I certify that I have read and agree to Section 10 relating to the exclusion of liability (see Application Instructions).

**I will send payment \***

- by e-transfer from a Chartered Bank
- by Regular Mail

**Date \***

**Signature \***