



Ski Atlantic Seniors' Club

2020/2021 Application for Membership

You can either print this as a blank form and fill it out by hand, or you can click and fill in all the boxes directly on your screen, and print out the completed form. Then sign it and send with your payment cheque to: SKI ATLANTIC SENIORS' CLUB, P.O. BOX 3076, TANTALLON, NS B3Z 4G9.

Name *

First Name Last Name

E-mail *

example@example.com

Address: *

Street Address

Phone Number: *

Area Code Phone Number

Street Address Line 2

I am primarily a: *

City State / Province

Skier Snow boarder

Postal / Zip Code

Country

I am a new member *

Date of Birth (NEW MEMBERS ONLY)



YES NO

Year Month Day

Home Hill (** Note that Crabbe currently does not accept the SASCPass) *

- | | | |
|---------------|---------------|-------------------|
| B (Ben Eoin) | V (Brookvale) | F (Mont Farlagne) |
| M (Martock) | P (Poley) | S (Sugarloaf NB) |
| W (Wentworth) | C Crabbe ** | |

Application: Please choose one of these three options: *

I hereby apply for 2020-2021 SASC Membership only. I certify that I am 55 years of age or older, or am a spouse or partner of a SASC Member. I enclose Membership Dues of \$30.

I hereby apply for both 2020-2021 SASC Membership (\$30) and to purchase a 2020-2021 SASCPass (\$311). I certify that I will be 60 years of age by March 31, 2021. I enclose total payment for Dues plus SASCPass of \$341.

I already have my 2020-2021 SASC Membership Card # _____. I hereby apply to purchase a 2020-2021 SASCPass (\$311). I certify that I will be 60 years of age by March 31, 2021. I enclose payment for the SASCPass of \$311.

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 clicking below I certify that I have read and agree to Section 10 relating to the exclusion of liability (see Application Instructions).

Date *



Year Month Day

Signature *