



# CABERFAE SKI CLUB

P.O. Box 655

Cadillac, MI 49601

[www.caberfaeskiclub.org](http://www.caberfaeskiclub.org)

Email: [caberfaeskiclub@caberfaeskiclub.org](mailto: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 \$30.00 (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.*