



692 KEARSARGE ROAD, NORTH CONWAY, NH
MEMBERSHIP@MAKUSUE.ORG

MEMBERSHIP APPLICATION

NAME: _____

HOME PHONE: _____

ADDRESS: _____

BUSINESS PHONE: _____

CITY & STATE: _____

DATE OF BIRTH: _____

ZIP: _____

MARITAL STATUS: _____

OCCUPATION: _____

EMPLOYER: _____

EMAIL FOR CLUB COMMUNICATION: _____

IN CASE OF EMERGENCY, NOTIFY: NAME: _____

ADDRESS: _____

PHONE: _____

SPONSOR:

I am a member of the Makusue Ski Club, and hereby sponsor this applicant as the type of person who could be an asset to our club.

DATE: _____

SPONSOR'S

SIGNATURE: _____

Number of ski weekends you were a guest: _____

Number in order of preference (1 Most, 7 Least) committees you would prefer to work on:

House (general house upkeep) _____

Race _____

Kitchen _____

Lodge (building maintenance) _____

Auditing _____

Rules and Regulations _____

Program (party organization) _____

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I understand that before I can be accepted as a member of the Makusue Ski Club, I must attend a minimum of two (2) winter weekends plus one (1) other organized weekend at the Makusue Ski Club in No. Conway, NH (a total of three weekends). I hereby make an application for membership in the Makusue Ski Club in No. Conway, NH.

Weekend 1 _____

Weekend 3 _____

Weekend 2 _____

I understand that if I am accepted as a member, I will be considered a probationary member for one (1) year, and will be reviewed at that time by the membership committee.

I understand that I must submit a recent photo of myself with my application.

DATE: _____ SIGNATURE: _____

Please affix a recent photo of yourself in the space provided.

NOTE: APPLICATION WILL NOT BE VOTED ON WITHOUT A PHOTO, AND THE \$5.00 APPLICATION FEE.

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THIS SECTIONS FOR MEMBERSHIP COMMITTEE USE ONLY

Application received date: _____

Application fee received: _____

Application approved date: _____

Applicant notified date: _____

Dues received date: _____