



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

ALUMNI MEMBERSHIP APPLICATION

NAME: _____

HOME PHONE: _____

ADDRESS: _____

BUSINESS PHONE: _____

CITY & STATE: _____

DATE OF BIRTH: _____

ZIP: _____

MARITAL STATUS: _____

OCCUPATION: _____

EMPLOYER: _____

EMAIL: _____

IN CASE OF EMERGENCY, NOTIFY: NAME: _____

ADDRESS: _____

PHONE: _____

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Years that you belonged to Makusue Ski and Sport Club: _____

I understand that this membership will qualify me for an EICSL membership; access to discounts and hosted trips through EISCL and MAKUSUE SKI AND SPORT CLUB communications. I understand that I will not receive a key to the club, that I must have a sponsor and pay guest fees each time I visit, I will not have a permanent bunk assignment and I am not required to attend work weekends. I hereby make an application for alumni membership in the Makusue Ski Club in No. Conway, NH.

DATE: _____ SIGNATURE: _____

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THIS SECTION IS FOR MEMBERSHIP COMMITTEE USE ONLY

Application received date: _____

Application fee received: _____

Application approved date: _____

Applicant notified date: _____

Dues received date: _____