



2020-2021 SCOL Membership Registration



YEARLY DUES

\$40 if paid in full by **JULY 15, 2020**

\$45 if paid on or after **JULY 16, 2020**

THE SCOL YEAR

PAID MEMBERSHIP IS GOOD FOR 1-YEAR
STARTING **May 1, 2020** TO **April 30, 2021**

Mail check to:

Ski Club of Lockport
c/o Deb Talarek
P.O. Box 633
Lockport, NY 14095-0633

Make check payable to:

**SCOL - or -
Ski Club of Lockport**

If you would like your 2020-21 Membership Card mailed to you, please enclose a self addressed stamped envelope when submitting this form with your dues payment.

Please fill out ONE FORM per person. All forms must be SIGNED and submitted with full payment

Please CHECK THE BOX if your contact info has NOT CHANGED from last year

Name _____ Birthdate ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

E-mail: _____

NOTE: Your e-mail address will only be used for official SCOL business, including but not limited to, monthly newsletters, urgent updates and reminders. We may judiciously share our e-mail information with other ski related partners.

Please SELECT ALL boxes that apply.

I DO NOT want my information to be shared

How did you first hear about SCOL?

I AM A . . .

Downhill Skier

Snowboarder

Non Skier/Social Member

Friend

Website

Facebook

Other _____

On the Slopes

Advertisement

... I AM on FB YES NO

If you are a current member, what year did you join the Club? _____

If you are a past member, when was that? _____

DISCLAIMER: I hereby release the Ski Club of Lockport, its Officers, Directors and Activity Coordinators from any liability, injury or loss to myself, or others, while participating in any Ski Club of Lockport activity.

Signature: _____ Date: _____

MUST HAVE SIGNATURE TO BE VALID

FOR OFFICE USE ONLY

New Member

Renewal

Past Member

Date ____ / ____ / ____

Amount: \$ _____

Dues turned in to Treasurer ____ / ____ / ____

Membership

Card Given: ____ / ____ / ____

Check # _____ Cash

(REV. 06-01-20)