



2026-2027 Membership Form

The SCOL year runs **JUNE 1, 2026** through **MAY 31, 2027**

PLEASE SELECT YOUR MEMBERSHIP

Membership is valid from your pay date through **MAY 31, 2027**

FULL-MEMBERSHIP

This Membership Card will show that SCOL is a Member of the New Jersey Ski & Snowboard Council, enabling you to sign-up and gain access to their discounts on Trips.

\$50 *if paid by* **SEPTEMBER 30, 2026**

\$60 *after* **SEPTEMBER 30, 2026**

SOCIAL MEMBERSHIP

Entitles you to participate in SCOL Club Events and Activities. It does not allow you to sign-up for any Trips (SCOL or NJSSC).

\$35 *if paid by* **SEPTEMBER 30, 2026**

\$40 *after* **SEPTEMBER 30, 2026**

PAYMENT INSTRUCTIONS

This payment can NOT be combined with any other SCOL Event or Activities payment. This is for the payment of Membership only. It can include multiple member payments.

MAKE CHECK PAYABLE TO:

SCOL - or - Ski Club of Lockport

INCLUDE

A self addressed, stamped envelope if you want your Membership Card mailed to you.

MAIL CHECK TO:

Ski Club of Lockport
c/o James (Jim) M. Sheibley
168 Rivermist Dr.
Buffalo, NY 14202

UPDATED: 06/16/26

PLEASE FILL OUT ONE FORM PER PERSON. ALL FORMS MUST BE SIGNED & SUBMITTED WITH FULL PAYMENT.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: () _____ - _____ Birthdate ____/____/____

E-mail: _____

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

Signature: _____

SELECT ALL THAT APPLY TO YOU

I allow my e-mail address & phone number to be shared within the Club

I am ok to receive TEXT MESSAGES (to the phone number I have provided) for Club notifications and/or reminders

I do not want my contact information to be shared

I am a . . .

Downhill Skier

Snowboarder

Non Skier/Social Member

Date: ____/____/____

By signing this, 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. **MUST HAVE SIGNATURE IN ORDER FOR MEMBERSHIP TO BE VALID.**

FOR NEW MEMBERS

How did you first hear about SCOL?

- from a **FRIEND**
- from a **SCOL Member** _____
- on the **SLOPES**
- SCOL WEBSITE** and/or **INTERNET SEARCH**
- ADVERTISEMENT**
- FACEBOOK**
- YES**, I'm on FB **NO**, I'm not on FB
- OTHER** _____

FOR OFFICE USE ONLY

Date ____/____/____

Amount: \$ _____

Check # _____

Cash Date turned into Treasurer

____/____/____

MEMBERSHIP

New

Renewal

Social