



2021-2022 SCOL Membership Registration

YEARLY DUES

If paid in full by **JUNE 30, 2021** **\$40**
If paid on/or after **JULY 1, 2021** **\$45**



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 ARE A CURRENT 2020-21 SCOL MEMBER
You can renew your membership for **ONLY \$20** if paid by **JULY 31, 2021**

PAID MEMBERSHIP IS GOOD FOR 1-YEAR
THE SCOL YEAR STARTS **May 1, 2021** AND ENDS **April 30, 2022**

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

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 ONE

- I WILL ALLOW** my e-mail address & phone number to be shared within the Club
- I DO NOT** want any of my information to be shared

I am a . . .

- Downhill Skier**
- Snowboarder**
- Non Skier/Social Member**

If you are a NEW Member -

how did you first hear about SCOL?

- from a **FRIEND**
- another **SCOL Member** _____
- on the **SLOPES**
- found **WEBSITE** and/or on **INTERNET**
- saw **ADVERTISEMENT**
- OTHER** _____
- on **FACEBOOK - I am on FB** **YES** **NO**

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: \$ _____ Check # _____ Cash

Dues turned in to Treasurer ____ / ____ / ____

(REV. 04-19-21)