

Membership Application rev. 08/2021 For the Period of May 1, _____ to April 30, _____

Please Print Clearly

Single Membership: \$30.0	0 (non-FL \$20.0	00) Name:		·····
Email Address:		(Cell Phone:	
Family Membership: \$50.0	00 (non-FL \$30.0	00) Spouse (if fa	mily):	
Spouse Email Address: Spouse Cell			ll Phone:	
Family Membership Only:	Please List Names o	f children living i	n your home and	l less than 24 years of age
Name:	Age:	Name:	··-	Age:
Name:	Age:	Name:		Age:
Contact Information:				
Street:		Unit/Apt:		
City:		State	: Zip:	
House Phone:	Other Phone: _			
RELEASE AND HOLD HAR	MLESS AGREEMENT	Γ		
activities. In consideration the SPACE COAST SKI & TI severally absolve, release & TRAVEL CLUB, INC., and of or be related to any inju activity or of participation	RAVEL CLUB, INC., a and waive any and a l its officers, director ry, illness, damage, o in said organization WITH THE RELEAS	nd other related a ill liability, claims rs, and each and e or pecuniary loss n. NOTE:	activities, I and not not or demands aga every member the by reason of such membership fee	ny family jointly and inst the SPACE COAST SK ereof which may arise out the club membership or are non-refundable.
All members eighteen years	, ,	<u> </u>		
Signature:				
Signature:				
Signature:				
Signature:		Date	e:	_
My membership for period	d above is being paid	d by: Cash:	Check#:	
Make checks payable to:	Space Coast Ski & PO Box 372633 Satellite Beach, FL			

Disclaimer: Contributions & gifts are not deductible as charitable contributions for Federal Income tax purposes. (Section 6113 IRS Code)