

Cuyahoga Valley Ski and Social Club Membership Application ~ Valid thru Sept 30, 2024

In addition to my name, CVSSC has my permission to include items listed in this box in the member directory.
 (Cross off any items to exclude.) Mailing Address — Home/Work/Cell Phone — Email — Birthday

_____ New Member (Referred by) _____

Name _____ Birthday MM/DD _____

Email Address _____

Home Phone _____ Cell _____ Work _____

Adult _____ Birthday MM/DD _____

Email Address _____

Home Phone _____ Cell _____ Work _____

Child _____ Birthday MM/DD _____

Mailing Address _____

City _____ State _____ Zip Code _____ - _____

Fees (please circle amounts)

Single Adult \$25.00

Family (single plus dependents) \$25.00

Two Adults or Family (couple plus dependents) \$50.00

Dependents under 18 years of age must be listed by full name in the spaces above in order to be included in the family memberships.

Total Enclosed: _____

**Make check payable to
 Cuyahoga Valley Ski and Social Club.
 Send check and completed application to:**

**Cuyahoga Valley Ski and Social Club
 3465 S. Arlington Rd, Ste. E #178
 Akron, OH 44312**

By signing below and/or accepting any membership benefit, and/or by participating in any Club activity, applicant releases the Cuyahoga Valley Ski and Social Club (Club), its officers, board members, chairpersons, and members from any and all liability or claim, including theft, property loss, accidents, death of or injury to themselves, family members, or guests, arising from participation in any Club activity, whether resulting from negligence or otherwise. I am also gifting a portion of my dues (eligible reimbursements divided by number of members) to Club officers and supplemental positions.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

If under 18, parent(s) or guardian(s) must sign