

NEW MEMBERSHIP APPLICATION

NAME:		DATE:
LAST	FIRST	MI
SPOUSE'S NAME:LAST	FIRST	
LAST	FIRST	MI
ADDRESS:		
EMAIL:		
PHONE: Main (Home)	PHONE:	Alternate(Cell)
Maiii (Hoille)		Alternate(Cen)
NAMES AND AGES OF DEPEND	ENT CHILDREN:	
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All Applicants must be at least nineteen (19) years of age and interested in water safety and water sports as well as the promotion of both. Only one application may be submitted for each family or household. Violation of application will result in disqualification of the application.

APPLICATIONS MUST BE RECEIVED AT THE CLUBS, POST OFFICE ADDRESS BETWEEN JANUARY 1 AND MARCH 15.

MAIL APPLICATION TO: CASPER WATER SKI CLUB

P.O. BOX 536 Casper, WY 82602