

**Ski Club Application**



**Outdoor Recreation**  
**242 Fort Mervine Place, #1**  
**Monterey, CA 93944**  
**Phone 831-242-5506**  
**Fax 831-242-6310**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsor Name \_\_\_\_\_ Rank \_\_\_\_\_ Branch \_\_\_\_\_  
Military ID # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Unit/Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_

- Sponsor must be an authorized patron of FMWR Activities.

*Type of Membership*

\_\_\_\_\_ Family (\$40/year) \_\_\_\_\_ Individual (\$30/year)

- Cash, Check, Credit Cards and Money Orders are acceptable forms of payment. Payment and signature at the bottom of this form are due upon turning in your application at the ODR Front Desk.

*Areas of Volunteer Interest*

\_\_\_\_\_ Programs \_\_\_\_\_ Publicity \_\_\_\_\_ Parties \_\_\_\_\_ Other (Explain \_\_\_\_\_)

*Liability Wavier*

This release is intended to cover all injuries, fatal or non-fatal, and illness of every name, kind or nature, and personal property damage, which may be sustained or suffered from any cause connected with or arising out of the use, participation or involvement in DFMWR facilities, equipment, services and programs.

The undersigned further agrees to indemnify and hold harmless DFMWR from any and all costs, charges, claims, demands and liabilities of any kind arising from improper or negligent use, participation, or involvement with DFMWR facilities, equipment, services or programs.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For Office Use Only</b>	1/00
Card # _____	Expiration Date ____/____/____
Signature _____	Computer Input _____