

FAGOWEES MEMBERSHIP APPLICATION

APPLICANT INFORMATION

YEAR _____

Name: _____ *(If new, print name for badge.)*

Address:

City: _____ State: _____ ZIP Code: _____

Home Phone: () Work Phone: () Mobile Phone: ()

E-Mail: _____ Sex: M or F Birth Date: / /19

CO-APPLICANT INFORMATION

Name: _____ *(If new, print name for badge.)*

Home Phone: () Work Phone: () Mobile Phone: ()

E-Mail: _____ Sex: M or F Birth Date: / /19

MEMBERSHIP TYPE

NEW MEMBER:

- Single \$35
- Couple \$40
- Limited \$20 / \$10

RENEWAL (Oct 1 – Oct 30):

- Single \$25
- Couple \$30
- Limited \$15 / \$10

SUMMER or OUT OF STATE:

- Single \$20
- Couple \$25
- Limited \$10

FAGOWEES INTERNATIONAL

Cleveland Branch
P.O. Box 635, N. Olmsted, OH
44070-0635 (216) 561-4754



To the extent permitted by law, persons participating in Fagowees International functions agree not to hold The Fagowees International Ski Club, its officers or trip leaders liable for any loss, injury, expense or damage which results either directly or indirectly whether negligent or other-wise of any persons or firms that provide services for a Fagowees event.

Signature of applicant: _____ Date: _____

Signature of co-applicant: _____ Date: _____

Fun And Games On WeekEnds, Especially Skiing

THE HAPPENING: Electronic/EMail _____ Snail Mail _____ Both _____