

SATELLITE SKI CLUB
Membership Application

\$40 Annual Dues: Single

\$75 Annual Dues: Family

Check Payable To: SATELLITE SKI CLUB

CLUB USE ONLY	
Member No.	_____
Cash	_____
Check No.	_____

LMC/ULA EMPLOYEE: _____

RENEW MEMBERSHIP: _____

NEW MEMBER: How did you hear about the SSC? _____

PERSONAL INFO:

- If your membership information has not changed, write "SAME."
- Info will be published in the club roster unless you check box to "WITHHOLD."

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

EMAIL ADDRESS: PLEASE PRINT

LIST SKI PASSES & CARDS YOU WILL HAVE THIS SEASON:

The undersigned person is 21 or more years of age and understands that the SATELLITE SKI CLUB is organized and operated by volunteers, with the goal of providing activities for member enjoyment, and that skiing and SATELLITE SKI CLUB activities are inherently dangerous and present hazards to the undersigned, other persons, and property (owned and otherwise).

The undersigned hereby releases the Lockheed Martin Corporation, the Satellite Ski Club and its officers, representatives, and members from all liability, foreseeable and otherwise, incurred in or associated with any and all Satellite Ski Club activities, including, but not limited to, all club meetings, social functions, group trips, and transportation (provided or personal) to and from all club activities.

ALL MEMBERS MUST SIGN:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

MAIL FORM AND PAYMENT TO: Satellite Ski Club, Mail Stop 0097, P.O. Box 179, Denver CO, 80201