



OHIO VALLEY SKI CLUB

P.O. BOX 1543, PARKERSBURG, WV 26102

APPLICATION FOR MEMBERSHIP

Membership expires September 30th of each year.

DATE _____ EMAIL _____

NAME: _____ BIRTH DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE CHECK: INDIVIDUAL MEMBERSHIP FAMILY MEMBERSHIP

IF YOU PREFER NOT TO BE LISTED IN THE CLUB DIRECTORY

Children over 18 years of age must have their own membership.

SPOUSE: _____ BIRTH DATE: _____

CHILD: _____ BIRTH DATE: _____

CHILD: _____ BIRTH DATE: _____

CHILD: _____ BIRTH DATE: _____

CHILD: _____ BIRTH DATE: _____

HOME PHONE: _(____)_____ OFFICE PHONE: _(____)_____

YEAR YOU JOINED CLUB: _____ REFERRED BY: _____

Please include \$25 for individual membership or \$30 for family membership.

Make checks payable to: OHIO VALLEY SKI CLUB

Mailing Address: P.O. Box 1543, Parkersburg, WV 26102.

Club Use Only **

