



MEMBERSHIP APPLICATION

Requirements must be completed within 24 months of application.

Date: _____

1. MEMBERSHIP: Family Derivative

2. ADULT NAMES: _____

3. Tel # _____ Email: _____

4. ADDRESS: _____

5. OCCUPATIONS: _____

6. CHILDREN:	<u>Names</u>	<u>Gender</u>	<u>Birthdates</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

7. SPONSORS: (2 Lexington Ski Club Members in good standing)

1. _____

2. _____

8. SPECIAL SKILLS: (Relative to Lodge maintenance or Club administration)

Note: requirements have been fulfilled send completed form to:

Joe SCHOLL
 66 Hillcroft Rd
 Waltham, MA 02452
jpscholl4@gmail.com
 781-891-1832

 Applicant - Please do not write below the line

Date Received:
 Date Presented to Club:
 Date Processed:

Functions Attended: