



MEMBERSHIP RECORD Requirements must be completed within 24 months of application.

Name(s): _____

Lodge Visit #1 Date of visit: _____

Sponsoring Member: _____ Signature: _____
Print

Host/ Hostess: _____ Signature: _____
Print

Number of Members in Residence: _____ [Must be greater than 20 or additional visit must be made.] _____

Prospective Members visiting: Husband Wife No. of Children _____

Lodge Visit #2 Date of visit: _____

Sponsoring Member: _____ Signature: _____
Print

Host/ Hostess: _____ Signature: _____
Print

Number of Members in Residence: _____ [Must be greater than 20 or additional visit must be made.] _____

Prospective Members visiting: Husband Wife No. of Children _____

Ski Club Meeting

Date of Meeting: _____

Sponsoring Member: _____ Signature: _____
Print

Club Officer: _____ Signature: _____
Print

Number of Members in Residence: _____

Prospective Members at meeting: Husband Wife No. of Children _____ [Must be both spouses or additional meeting must be attended]

Note: When all three requirements have been fulfilled send completed form to:

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