

Application for Membership of Winter Group Cross Country Ski Club

Name (in full)

Preferred First Name

Additional family members (if applicable):

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.....

Address

.....

.....

Phone (Home)

(Work/Mobile)

Email

I/We hereby apply for membership of the Winter Group. In the event of my/our admission to membership, I/we agree to be bound by the rules of the Winter Group for the time being in force. I/we acknowledge that I/we participate in Winter Group activities at my/our own risk.

This is a [] renewal or [] new membership

Signed

Dated

I/We heard about Winter Group from:

.....

Send application to:

The Treasurer
Winter Group Inc.
PO Box 256
Fairfield 3078

Or bring it to pub night.