



CASTA MEMBERSHIP APPLICATION 2018-19 Season

Name(s) _____

Address _____ **check boxes if new information**

City _____ State _____ Zip Code _____

Home Phone _____ emergency contact only, not listed in CASTA Directory

Cell Phone _____ emergency contact only, not listed in CASTA Directory

E-Mail Address _____

New Members: How did you hear about CASTA? _____

Membership Category: \$20 (individual) \$34 (family)

Skiing Ability: ___ Beginner ___ Intermediate ___ Expert

Member's ages during ski season (Jan-Mar 2019) _____. This is used for senior discounts at our skiing venues. Picture ID may be required by ski area vendors. Please do not put date of birth.

I understand that cross-country skiing is an outdoor activity that requires a level of physical fitness that matches the difficulty of skiing that I will be doing. I am responsible for maintaining a level of fitness required for my own personal safety. Participation in club sponsored activities is at my discretion and I agree to hold the club and officers harmless for my personal safety and property.

Signature(s) _____ Date: _____

If this is a family application, all members must sign.

Total Paid: _____ (include bank check) **Dues payable no later than November 1, 2018**

Mail Form & Check To: CASTA c/o Carole Baumes 11 Skyview Drive Cohoes, NY 12047

or bring filled in application and payment to a CASTA Meeting

Renewal ___

New Member ___