

**CASTA MEMBERSHIP APPLICATION  
2019-20 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 2020) \_\_\_\_\_. 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, 2019**

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 \_\_\_