



CASTA MEMBERSHIP APPLICATION

2022-2023 Season

Name(s) _____

Address _____ Check boxes if new information

City _____ State _____ Zip code _____

Home phone _____

Cell phone _____

Email address(es) _____

Emergency contact (non-CASTA member) _____

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 2023) _____

**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 (does not apply)

Mail or scan form to:

CASTA c/o Carole Baumes
11 Skyview Drive
Cohoes, NY 12047
carolebms@gmail.com

Renewal New member