



Application for Membership 2019

Canberra Cross Country Ski Club Inc

ABN 55 670 450 108

33 Brunswick Circuit KALEEN ACT 2617

To join ONLINE go to

www.cccsc.asn.au and click REGISTER NOW

| MEMBER DETAILS | | MEMBER PREFERENCES. | | | | | | | | | |
|---|-----------------------------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>Tick the box if you want:</p> <ul style="list-style-type: none"> NO Email to be distributed on the email list <input type="checkbox"/>; NO Information on a contact list on the members only area of the website that includes your name <input type="checkbox"/> suburb <input type="checkbox"/> email <input type="checkbox"/> and NO <input type="checkbox"/> preferred phone numbers <input type="checkbox"/> Blank box means agreement to information on members page <p>All other information will be kept confidential with only summarised results reported.</p> | | <p>Help CCCSC organise appropriate activities and plan for the future by answering the questions below about yourself and household members:</p> | | | | | | | | | |
| <p>Postal address (Number, Street, Suburb or Town, State, Postcode)</p> | | <p>Skiing Level</p> <p>What type of ski trips do you like? (you can tick more than one box)</p> | | | | <p>Interests</p> <p>What do you hope to get from membership of CCCSC in this session (you can tick more than one box)</p> | | | | | |
| | | <p>Beginner</p> | <p>Short and easy</p> | <p>Intermediate</p> | <p>Advanced</p> | <p>Social outings</p> | <p>Citizen races</p> | <p>Resort Telemark</p> | <p>Ski day trips</p> | <p>Ski camping trips</p> | <p>Ski instruction</p> |
| <p>Member 1</p> <p>First Name</p> <p>Last name</p> <p>✉ email</p> <p>☎ Daytime Phone</p> <p>☎ Evening Phone</p> | <p>Year of Birth</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Member 2</p> <p>First Name</p> <p>Last name</p> <p>✉ email</p> <p>☎ Daytime Phone</p> <p>☎ Evening Phone</p> | <p>Year of Birth</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>First and last name of other household members:</p> <p>Member 3</p> | <p>Year of Birth</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Member 4</p> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Member 5</p> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>We apply to become members of Canberra Cross Country Ski Club (CCCSC) and agree to be bound by the Constitution of CCCSC while members.</p> | | | | | | | | | | | |
| <p>Signed by or for each member above:</p> | | | | | | | | | | | |
| <p>Have you ever been a member of the CCCSC before? YES <input type="checkbox"/> NO <input type="checkbox"/> What Date did you join</p> | | | | | | | | | | | |
| <p>Make cheques payable to: "CCCSC"</p> <p>Mail this form and your cheque to "CCCSC, 33 Brunswick Circuit, KALEEN, ACT 2617" or</p> <p>Bring this form and your cheque or cash to a CCCSC meeting.</p> | | | | | | <p>Membership fees:</p> <p>\$50 for single membership</p> <p>\$75 for household membership</p> | | | <p>\$</p> | | |