

Timken Ski Club Membership Application

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell(s) _____

Email Address _____

Alternate Email Address _____

Timken Employee? Yes _____ No _____ Member of Timken Ski Club since _____

Membership (Please Circle Type of Membership) Renewal New

Note: Membership year is from Nov 1 to Oct 31.

If payment is sent after Oct 31, please remit "New" member amount.

If "New" member, how did you hear about our club _____

Dues: Single Member \$20 \$30

Couple Membership (2 people who share the same address) \$25 \$40

Family \$30 \$45

Would you like the newsletter mailed to you? \$10 \$10

Make checks payable to Timken Ski Club. Total Enclosed with Application \$ _____

NOTICE: By signing and/or accepting any membership benefit, and/or participating in any club activity, applicant releases Timken Ski Club, its officers, board members, chairpersons, trip leaders and members from any and all liability or any claims including theft, property loss, accident, injury, death of or to themselves, family members, or guests, arising from participation in any club activity, whether resulting from negligence or otherwise. Also released from any form of liability is The Timken Company.

Signature(s) _____

Date _____

**Please return this application form with the appropriate membership dues to:
Alice Nowell 1653 Chatham Avenue NE North Canton, OH 44720**

Optional for New & Existing Members: What most interests you about the Club or what would you like to see us try in the future? _____
