

Type of Membership \_\_\_\_\_



Amount Paid \_\_\_\_\_

## Application for Membership

Annual Single Membership - \$175.00/Annual Family Membership - \$240.00

Date \_\_\_\_\_

USAWS # \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Family: Spouse \_\_\_\_\_ Birthday \_\_\_\_\_

Children \_\_\_\_\_ Birthday \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_

How did you hear about Mid-Valley Water Ski Club? \_\_\_\_\_

Do you own a boat? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Where do you usually water ski? \_\_\_\_\_

I, \_\_\_\_\_, upon acceptance of my membership to the Mid-Valley Water Ski Club and payment of my dues, do hereby agree to uphold the duties and obligations to this club as one of its members. I also hereby give permission to Mid-Valley Water Ski Club to reproduce photographs taken of me (and my children) during a club event to be published in any club publication (brochure, newsletter, etc.)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Mail your check and application, with a copy of your USA Water Ski card to:  
MVWSC • c/o Kay Nelson • 1405 Grandview Avenue • Ceres • CA • 95307**