

**CASTA MEMBERSHIP APPLICATION
2016-17 Season**

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ emergency contact only, not listed in CASTA Directory

Cell Phone _____ not listed in CASTA Directory

E-Mail Address _____

New Members: How did you hear about CASTA? _____

Membership Categories: ___ \$20 (individual) ___ \$34 (family)

Bus Rider Incentive: ___ \$15 (single) ___ \$30 (family) - \$5 will be reimbursed to each paying member for riding on up to 3 buses in the season. **This is a mandatory payment for all Members except those over 80 years old that don't ski or those medically unable to ski.**

Skiing Ability: ___ Beginner ___ Intermediate ___ Expert

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 membership fee & bus rider incentive) - attach check to this form.

Mail 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 ___