

**CASTA MEMBERSHIP APPLICATION  
2017-18 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 \_\_\_\_\_