



## CASTA MEMBERSHIP APPLICATION 2025-26 Season (Oct 1st - Sept 30th)

*(please clearly print all information)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-Mail address: \_\_\_\_\_

New Members: How did you hear about CASTA? \_\_\_\_\_

Membership: \$30/yr

Please mark: ☐ renewal; ☐ new member

Skiing Ability: \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Expert

Member's age during ski season (Dec-Apr 2026) \_\_\_\_\_. This is used for senior discounts at our skiing venues. Picture ID may be required by ski area vendors. Please do not put date of birth.

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Waiver:** 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:

Date:

Payment type: \_\_\_ Venmo/Zelle e-payment (located at: CASTA-Albany or joezoske@gmail.com)

\_\_\_ check made out to "CASTA"

Bring application & payment to a club meeting - or - scan/email Application - or - mail Application & check to:

CASTA  
c/o Joe Zoske  
8 Anna Ln Ballston Lake, NY 12019  
joezoske@gmail.com 518-915-0432