



## CLUB ST. BERNARD MEMBERSHIP APPLICATION

P.O. BOX 6655, SAN ANTONIO, TEXAS 78209

**Note:** Please send in the Membership Application Form with your dues payment whether you are a current or new member. This way we can update all of our information. Please include your **EMAIL** address, if you have one, so that periodically we can send out announcements and reminders of Club activities. **Web site:** [www.clubsaintbernardski.com](http://www.clubsaintbernardski.com)

**NAME:** \_\_\_\_\_  
Last First MI

Birthday (mm/dd/yy)

**SPOUSE:** \_\_\_\_\_  
Last First MI Birthday

**CHILDREN:** \_\_\_\_\_  
Last First MI Birthday

\_\_\_\_\_  
Last First MI Birthday

\_\_\_\_\_  
Last First MI Birthday

\_\_\_\_\_  
Last First MI Birthday

**ADDRESS:** \_\_\_\_\_  
Street ( ) Home Phone

\_\_\_\_\_  
City State Zip ( ) Work Phone

**E-MAIL:** \_\_\_\_\_ ( )

Cell Phone

**YOUR OCCUPATION:** \_\_\_\_\_

**SPOUSES OCCUPATION:** \_\_\_\_\_

**SKIING ABILITY (Please Circle):** Beginner Intermediate Advanced Expert

**MEMBERSHIP FEES:** Individuals: \$45 Family/Couple: \$70

Dependent children may be included in a Family Membership.

Discount (renewals only) of \$5 per membership if paid before October 1.

Please make checks payable to: **CLUB ST. BERNARD**

Mail check and form to: P.O. Box 6655  
San Antonio, Texas 78209

**MEMBERSHIP DISCLAIMER:** By accepting membership in the Club, I agree to indemnify and hold harmless Club St. Bernard or any of its Officers from any liability or damages from sickness, death or personal injuries which may arise as a result of membership in the Club, participating in Club activities or travel with any tour or event the Club may sponsor.

**ACKNOWLEDGMENT:** \_\_\_\_\_  
Signature Date

Date of form: 03/15/2024

FOR CLUB USE ONLY:

Date Membership Paid:

Amount Received: \$

Received By: