



# 2022 Membership Application

(Head of Household)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

We Prefer to Email (& Band App). If you don't have email, do you prefer:  Mail  Phone  Cell (Call/Text)

Additional Family Members (if applicable):

2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

4. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

5. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The team runs on volunteer help! Which committee would you like to help on? (Choose at least one; number #1, #2 #3 preferences.)

- |  |  |
|--|--|
| <input type="checkbox"/> Costumes-Repair/Care  | <input type="checkbox"/> L2Ski Assistance      |
| <input type="checkbox"/> Theme/Music/Sound     | <input type="checkbox"/> Development Team      |
| <input type="checkbox"/> Dock/Equipment Repair | <input type="checkbox"/> Marketing/Fundraising |
| <input type="checkbox"/> Site Maintenance/Gate | <input type="checkbox"/> Ski & Rope Upkeep     |

In Case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Membership Application: \_\_\_\_\_  I/We will do/have done free SafeSport Training (18s+)

Type of Membership:

Skier:   Individual (\$100)  Family (\$300)  Supporting (\$25)

Alumni (\$25)

**SUBTOTAL DUES:** \_\_\_\_\_

USA Water Ski Association Fee: (\* indicate active members above with a star)

Family (\$175-up to 6, 17yoa & under)  Individual (\$85/\$55-under 25yoa)  Already Paid (\$0)

Supporting/GR (\$20 or \$40)  Guest # \_\_\_\_\_ **SUBTOTAL DUES:** \_\_\_\_\_

Miscellaneous or Payment Plan: \_\_\_\_\_

I/We have read and understand the Skier Handbook.  I/We have read and signed the Drug/Alcohol Policy.

I/We agree to allow RWS to use my/our photos for promotion purposes (ie Website, Program Book, etc).

Signature of Head Adult: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_ PAID \_\_\_\_\_ CC/Cash/Check Collected by: \_\_\_\_\_ PMT2: \_\_\_\_\_ PMT3: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_ PAID \_\_\_\_\_ CC/Cash/Check Collected by: \_\_\_\_\_ PMT3: \_\_\_\_\_ PMT4: \_\_\_\_\_

Dues may also be mailed to: Rochester Water Shows Ski Dox - PO Box 231 – Oronoco, MN 55960