AUSTRIAN SOCIETY

MICHIGAN

MEMBERSHIP APPLICATION

(Please print)

			Date.		
Name:					
Name:		First	Middle		
Address:					
Street State		City			
		Zip	Are you a member of the Ski Club		
		•			
Home Phone:		Cell Ph	one:		
E-mail:					
Date of Birth:		Place of Birth:			
Citizenship:		Marital Status:			
Minor Childre	en:				
	Name		DOB	Gender	
Minor Childre	en:				
	Name		DOB	Gender	
Minor Childre	en:				
	Name		DOB	Gender	
	r of the AUSTRIAN S	SOCIETY, I agree to	conform to the provi	sions of its by-	
laws and to s	support its purpose.				
X			-		
	Applicant's Sign	ature			
Recommende	d by Austrian Society	Member:			
			Name		
Date of Accep	otance				
x		x			
Signature of President / Vice President		AND THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	Signature of Membership Secretary		