



# Bremerton Ski Cruisers Membership Application

Bremerton Ski Cruisers  
PO Box 1031  
Tracyton, WA 98393

Date Submitted \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse \_\_\_\_\_

Children under the age of 18, unless defined by IRS as a dependent up to 22 years of age as stated in the By-Laws.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Dependents who age out while on the wait list will be converted to their own application with the same postmark.

Address \_\_\_\_\_ No. of Yrs. \_\_\_\_\_

Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax # \_\_\_\_\_ email Address \_\_\_\_\_

Special Talents or Hobbies \_\_\_\_\_

All applicants listed above hereby apply for membership in the Bremerton Ski Cruisers. We have fulfilled all requirements for membership including:

1. **We have all** completed two overnight stays on two separate occasions.
2. **We are all** Kitsap County residents when this application submitted.
3. **Our sponsor** has explained cabin rules and requirements as outlined in the Standing Rules and By-Laws.

Visit Date \_\_\_\_\_ Initialed By (sponsor) \_\_\_\_\_

Visit Date \_\_\_\_\_ Initialed By (sponsor) \_\_\_\_\_

**We have read** the current copy of the Cabin Standing Rules and understand that membership entails the responsibility to attend at least TWO (2) WORK PARTY DAYS per season per member above the age of 13. If membership is presently full, my name will be placed on a waiting list based on the post mark date on the envelope received by the BSC board. Smoking or Vaping is not allowed in or within 25 feet of the cabin, deck or oubuilding.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants on the waiting list are encouraged to visit the cabin annually.

I recommend this applicant for membership; all requirements for membership have been satisfied, and the applicant has read the current Cabin Standing Rules. **Any application that is incomplete will not be accepted.**

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Initiation Fees	Yearly Dues	Type of Membership
\$ 500.00	\$ 240.00	Associate Family Membership
		(Includes dependents as defined by the IRS that are under the age of 23)
\$ 500.00	\$ 170.00	Associate Senior Membership (18 and over)
\$ 500.00	\$ 60.00	Associate Junior Membership (15 through 17)

**Fees and dues subject to change and may be different than when application submitted.**

Postmark Date \_\_\_\_\_ Date Presented to the Board \_\_\_\_\_ Date Accepted \_\_\_\_\_

For Board Use Only