



Membership Application

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

E-mail Address _____

Membership Dues (Payable to TAASC)

- Family - \$40
 Individual - \$25.00
 High School Student (Volunteers Only) - \$10.00
 New Renewal

Family Membership Information

Family Members Included _____

Do any of the family members who will be participating in TAASC programs have a different address? If so, please provide the following information.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

E-mail Address _____

Additional Information

Do you or does anyone in your family have a disability? Yes No

If yes - briefly describe _____

As a member of TAASC, you are eligible to become a program volunteer and / or participant. As a volunteer, you will assist with activities in the programs of your choice. As a participant, you will be able to join in on the activities and receive instruction from experienced TAASC instructors.

Please check the programs that you would like more information on.

Program Volunteers	Participants
<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Alpine Skiing
<input type="checkbox"/> Kayaking	<input type="checkbox"/> Kayaking
<input type="checkbox"/> Cycling	<input type="checkbox"/> Cycling
<input type="checkbox"/> Sailing	<input type="checkbox"/> Sailing
<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Water Skiing
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Ice Skating
Administrative Volunteers	
<input type="checkbox"/> Office Duties	<input type="checkbox"/> Grants
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Special Events

(continued on reverse)

