



# Membership Form

Check # \_\_\_\_\_ Amt \_\_\_\_\_ Cash \$ \_\_\_\_\_

**PLEASE PRINT CLEARLY – ONE PERSON PER MEMBERSHIP FORM**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**PRIMARY ADDRESS (PA):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PA Land Line Phone: \_\_\_\_\_ PA Cell Phone: \_\_\_\_\_

**SECONDARY ADDRESS (SA):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SA Months: \_\_\_\_\_

SA Land Line Phone: \_\_\_\_\_ SA Cell Phone: \_\_\_\_\_

*The Nullr newsletter is available online at <http://ullr.org/NullrOnline.html>*

## ULLR SKI, BIKE & SOCIAL CLUB WAIVER

In consideration of the right to participate in officially sponsored and sanctioned activities, I hereby release any and all sponsoring organizations, including but not limited to, the ULLR Ski, Bike & Social Club (the "Club"), all affiliated clubs and any person officially or unofficially connected with sanctioned racing competition, the hearing-impaired ski program, any Club trip or any sponsored activity whatsoever, from all liability whatsoever, whether the liability arises from bodily injury or death to myself or others, or damage to property owned by myself or others, arising from my participation in or presence at these activities.

I expressly agree that this release is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I have read, understood, and voluntarily sign this release and waive all liability, and further agree that no oral representations or inducements apart from the foregoing written agreement have been made.

## MEMBERSHIP FEES

**Make check payable to: ULLR Ski, Bike & Social Club**

*(Please mark category)*

\$25.00 New Member     \$25.00 Renewal

*Optional donation to the ULLR Foundation \$ \_\_\_\_\_  
Must be separate check made out to: ULLR Foundation  
Thank you!*

## I'D LIKE TO PARTICIPATE IN:

*(please check areas of interest)*

- |  |   |
|--|---|
| <input type="checkbox"/> Downhill Ski Trips      | <input type="checkbox"/> Hiking                 |
| <input type="checkbox"/> Cross-Country Ski Trips | <input type="checkbox"/> Snow Shoeing           |
| <input type="checkbox"/> Ski Racing              | <input type="checkbox"/> Summer Picnics         |
| <input type="checkbox"/> Bike Outings            | <input type="checkbox"/> Singles Events         |
| <input type="checkbox"/> Golf                    | <input type="checkbox"/> Cultural/Social Events |

## I'D LIKE TO HELP WITH:

*(please check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Downhill Ski Trips      | <input type="checkbox"/> Summer Picnics         |
| <input type="checkbox"/> Cross Country Ski Trips | <input type="checkbox"/> Cultural/Social Events |
| <input type="checkbox"/> Ski Racing              | <input type="checkbox"/> Singles Events         |
| <input type="checkbox"/> Bike Outings            | <input type="checkbox"/> General Meetings       |
| <input type="checkbox"/> Golf                    | <input type="checkbox"/> Hospitality            |
| <input type="checkbox"/> Hiking                  | <input type="checkbox"/> Public Relations       |
| <input type="checkbox"/> Snow Shoeing            | <input type="checkbox"/> Other _____            |

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**If you are a new member, how did you find out about ULLR?**

Internet     MSC     Friend/Member (name) \_\_\_\_\_

**Mail this form and your check to:  
Membership, ULLR Ski, Bike & Social Club, PO Box 201409, Bloomington, MN 55420**