



The 'Achievers'

Membership Application 2008 – 2009

Please fill out this form completely

Mail To:
 Membership Dept./Karen Lunzman
 31042 Montesa Dr.
 Laguna Niguel, CA 92677
 949-276-7030

Fill out Section 1 below. Please also fill out Section 2 below if applicant is under 18 years of age or still residing at home.

Section 1

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Occupation: _____

Work Phone: _____ e-mail: _____

Fax: _____ Emergency Contact / phone# _____

Section 2

Parents Name: _____

Address: _____ City: _____ Zip: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Membership Application is for:

- 1. Family (Immediate Family) \$40.00
 - 2. Disabled Student \$25.00
 Type of Disability: _____
 - 3. Instructor \$30.00
 - 4. Instructor – PSIA Certified \$20.00
 PSIA Cert. Level _____
 - 5. Volunteer \$30.00
- U.S. Veteran? Yes No

Skier Info:

- ___ ☺ New / non Skier Height: _____
- ___ ○ Beginning Skier Weight: _____
- ___ □ Intermediate Skier
- ___ ◇ Advance Skier Years Skiing _____
- ___ ◇◇ Expert Skier

I have a group name tag
 I have been a member since _____

Referred by: _____

Please state personal or professional reason for becoming a member of DSUSA, Orange County.

I am fully aware of the risks involved in participating in the activities of the Orange County Chapter of Disabled Sports USA (DSUSA) organization. I hereby release DSUSA-OC, its officers, members, and any other organization providing me an opportunity to participate in free or reduced rate activities because of my membership in DSUSA-OPC of any and all liability in the event that I am injured.

I have read and agree to the Disabled Sports – USA Orange County Chapter Policies & Procedures

Signature: _____ Date: _____

<p><i>For Office use ONLY.</i></p> <p>Paid:</p> <p><input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Cash</p>	<p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Insurance Release</p> <p><input type="checkbox"/> Liability Release</p>	<p><input type="checkbox"/> Medical Release</p> <p><input type="checkbox"/> Medical History</p>	<p><input type="checkbox"/> Patch</p> <p><input type="checkbox"/> Copy ♦ Medical Advisor</p> <p><input type="checkbox"/> Copy ♦ Instruction</p>
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