



CLCF Nordic Ski Pass / 2020-2021 Season Membership Application

Family / Individual Membership - \$75

Primary Name: _____

Additional Family Members: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____ Cell: _____

Email: _____

Email addresses will be used exclusively for communications related to CLCF Nordic and the Cedar Lakes Conservation Foundation.

_____ **Membership** (includes CLCF Family/Individual Nordic Ski Pass and CLCF annual donation)

_____ Trail Maintenance Donation

_____ Total enclosed - **Please Make Checks Payable to: CLCF** and mail to:

P.O. Box 347, West Bend, WI 53095

Visit the CLCF website, <https://www.conservecedarlakes.org/preserves/clcf-nordic/> for directions, to download trail maps and to complete your 2020-2021 Season application on-line. Check for Updated x-country ski and snowshoe conditions at www.skinnyski.com or www.laphampeakfriends.org.

THIS RELEASE MUST BE SIGNED AND RETURNED WITH YOUR DONATION AND APPLICATION TO COMPLETE YOUR MEMBERSHIP.

I (and my family and guests) recognize that skiing, snowshoeing, and related activities inherently have some risks. I agree to hold harmless the Cedar Lakes Conservation Foundation (CLCF), its officers and suffer from the use of CLCF trails and participation in activities of the CLCF Nordic.

SIGNED: _____ DATE: _____ You will receive a membership decal for your windshield in the mail shortly. Please place it on the front or back window of your vehicle.

If you have questions or need additional information, please contact the CLCF Office at (262) 353-4866.