## 2002 CLUB MEMBERSHIP APPLICATION



1251 Holy Cow Road Polk City, Florida 33868-8200

800.533.2972 ★ 863.324.4341, Ext. 121 ★ 863.325.8259 fax

FOR OFFICE USE ONLY

E-mail: memberservices@usawaterski.org

Website: USAWATERSKI.org

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Cardholder's PRINTED Name \_

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LUB INFORMATI	ON	☐ New Club (Membe	rship # will be assigned)	☐ Renewing Club	
PLEASE PRINT CLEARLY	Club Type:		<ul><li>□ Collegiate – NCW</li><li>□ Disabled – WSD</li></ul>	<ul><li>☐ Kneeboard – AKA</li><li>☐ Show Ski – NSS</li></ul>	<ul><li>□ Ski Race – NWR</li><li>□ Wakeboard – AWA</li></ul>
<b>IMPORTANT</b>	Club M	1embership#			
ne Club Membership e provides \$1,000,000		•			
bility insurance cover-					
e to USA Water Ski- iliated clubs. All USA		·			
ater Ski club member-					p#
ps and insurance cov- age are effective upon					
eipt of the club appli-					
tion and appropriate es by USA Water Ski	Home	Phone()		Fax Number ()	)
d expire at midnight December 31, 2002.	Work	Phone <u>(</u> )		E-mail	
ub President's PRIN	TED Nar	ne	Signature		Date
Street Address			•		State Zip
					n additional certificate of insurance.
					State Zip Fax _()
•	,		_ vvork Frione <u> </u>	•	Fax()
			•		Date(s)
Has the club entered No Y Does the certificate	into any es (copy o holder	agreement, contract or f the document is attached) require additional insu	permit which contains ass	sumption of liability, indemi	nification or hold harmless language?  Indditional insured is checked below)  Property Owner   Sponsor
IMPORTANT – I	f more a	dditional insured certifi	cates are required, comp	lete the information on t	he reverse side of this application.
AYMENT INFORM	1ATIOI	■ — Please allow 30 days fo	r processing application and add	itional insured certificates. Add \$	15 for rush processing (10 days).
USA Water Ski Clu	b Memb	ership Fee			\$ <u>75</u>
Additional Insured's	s (Add cei	rtificate holder(s) to USA	Water Ski policy)	@ \$50/each	\$
					\$
		• •			\$
Total Amount D	ue				\$
yment Method:		Check/Money Order (p	ayable to USA Water Ski)	■ MasterCard	☐ Visa
redit Card #				Expiration Date	Last 4 Digits of SS #
ardholder's Billing Ad	ldress			Billing Zip Code	Auth #

\_\_ Signature \_\_

Street Address		City	State Zip
Home Phone _(	)	Work Phone <u>(</u> )	Fax <u>(</u> )
Certificate is for:	Year-round Club Activity	✓ □ Specific Event	
Specific Event Title _			Date(s)
Has the club entered in	nto any agreement, contract or pe	ermit which contains assumption of l	iability, indemnification or hold harmless langua
□ No □ Ye	(copy of the document is attached)		
Does the certificate h	older require additional insure	ed status? 🔲 No 🔲 Y	es (role of the additional insured is checked below)
☐ Manager/lesser of	of Premises (Landlord of Premis	ses)	rmit Property Owner Sponsor
			tion requires an additional certificate of insurance.
		-	State Zip
			Fax()
	☐ Year-round Club Activity	•	
•			Date(s)
	, •	ermit which contains assumption of l	liability, indemnification or hold harmless langua
	(copy of the document is attached)		
	iolder require additional insure	ed status? UNO UY	es (role of the additional insured is checked below)
DITIONAL INSUR	ED CERTIFICATE – Comple	te the following only if a facility/organizat	rmit  Property Owner  Sponsor
DITIONAL INSUR Certificate Holder's N	ED CERTIFICATE – Complet	te the following only if a facility/organizat	tion requires an additional certificate of insurance.
DITIONAL INSUR Certificate Holder's N Street Address	ED CERTIFICATE – Complet	te the following only if a facility/organizat	tion requires an additional certificate of insurance.  State Zip
DITIONAL INSUR Certificate Holder's N Street Address Home Phone _(	ED CERTIFICATE – Complet	te the following only if a facility/organizat  City  Work Phone (	tion requires an additional certificate of insurance.
Certificate Holder's Notes Address Home Phone Certificate is for:	ED CERTIFICATE - Complete Name	te the following only if a facility/organizat  City  Work Phone (	tion requires an additional certificate of insurance.  State Zip
DITIONAL INSUR Certificate Holder's N Street Address Home Phone ( Certificate is for: Specific Event Title _	ED CERTIFICATE - Complet Name   Year-round Club Activity	te the following only if a facilitylorganizat  City  Work Phone()  ✓ □ Specific Event	tion requires an additional certificate of insurance.  State Zip Fax _( )
Certificate Holder's Notice Street Address Home Phone _( Certificate is for: Specific Event Title _ Has the club entered in	ED CERTIFICATE - Complet Name   Year-round Club Activity	te the following only if a facilitylorganizat  City  Work Phone (  Specific Event	tion requires an additional certificate of insurance.  State Zip Fax _( )  Date(s)
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Thank you for affiliating your club with USA Water Ski. If you have questions or suggestions for improving existing services or creating new services for clubs, write them on a separate page and attach it to this application. I look forward to helping make 2002 a successful year for your club.