Day Membership

This membership is only valid for the day entered below.

MEMBERSHIP ISSUE DATE: _____

REPRESENTATIVE NAME: _____

ORGANIZATION NAME: _____

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I hereby release the _____ and its officers and directors of any and all liabilities for personal loss/injury, and/or property loss/damage of any kind that may occur during or as a result of involvement with the Association. I accept all responsibility for myself, family members, and personal property. Parent or Legal Guardian signature required for children under 18 years of age.

MAKE CHECKS PAYABLE TO: _____

MAIL TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

By signing this membership I fully understand that I am volunteering and assume all risks involved.

SIGNATURE: _____ DATE: _____