



MEMBERSHIP AGREEMENT FORM

Please fill out this form and mail it in with your membership fee. Our rates for singles are one year for \$15.00, and two years for \$30.00. Couples are \$25.00 for one year and \$50.00 for two years. If you receive the newsletter by postal mail, please check your address label for a yellow check. This indicates that your membership has expired (your last paid date is on the upper right corner of the label.) We will not be able to send out the next issue without your payment. If you receive the newsletter by email, you will be contacted by email when it is time to renew. Make checks payable to: Women's Outdoor Network.

Mail to:
Patricia Doub, 3870 Peachtree Ind. Blvd., Suite 150 Box 248, Duluth, GA 30096

_____ (New Member) _____ (Membership Renewal) _____ (Address Change)

The Women's Outdoor Network, Inc. operates strictly through volunteers. Participants must read and sign a "Voluntary Participation Form." This form releases anyone associated with the group from liability, and it states that participants agree to assume the responsibility of all risks associated with activities. Participants recognize that all leaders are volunteers and participants attend voluntarily. Please read the following and sign below:

As a participant in the Women's Outdoor Network, Inc. activities, I agree to assume all the risks and hazards incidental to said conduct and do further agree to release, absolve, indemnify and otherwise hold blameless the Women's Outdoor Network, Inc. volunteers, organizers, and sponsors, any or all of them. I also acknowledge that outdoor activities and natural occurrences can result in bodily harm. I acknowledge that I have all of the skills needed to participate in the specified activity. In case of injury to my person, I hereby agree to waive all claims against the Women's Outdoor Network, Inc. volunteers, organizers, and sponsors, any or all of them. I have read and understand the above information and agree to assume all risks.

PLEASE PRINT CLEARLY

Name _____ Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Your Signature _____ Date _____

Partner's Signature _____ (If joining as a couple)

As a member of the Women's Outdoor Network, if you provide an e-mail address, you will automatically be added to our electronic mailing list. You will receive an e-mail each Monday outlining the upcoming events. You will also receive our regular quarterly newsletter via e-mail.

Your Email Address: _____

Partner's Email Address: _____ (If joining as a couple)