



**MEMBERSHIP AGREEMENT FORM**

Please fill out this form and mail it in with your membership fee. Our yearly membership rates for singles are \$15 and couples are \$25. You will be notified by email when it is time to renew. Make check payable to : Women's Outdoor Network. Your membership will not become active until yearly dues are paid.

Mail to:  
**Lola Halpin, 1867 Dyer Circle, Chamblee, GA 30341-3217**

\_\_\_\_\_ (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 every week outlining the upcoming events.

Your Email Address: \_\_\_\_\_  
 Partner's Email Address: \_\_\_\_\_ (If joining as a couple)  
 How did you hear about Women's Outdoor Network: \_\_\_\_\_

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 Do not write below this line

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Signature of person receiving membership dues \_\_\_\_\_