

ARROWSMITH NATURALISTS MEMBERSHIP FORM

NOTE: To participate in any club field activity or work party you must sign the Release of Liability form

(form originated 2009)

PERSONAL INFORMATION

Full Names: _____

PRINT First name followed by last name (s)

Street Address _____

Apartment/Unit # _____

City _____

Province _____

Postal Code _____

Home Phone: _____

(_____) _____



Check box on left to receive e-mail newsletter

Lic. Plate no. _____

E-mail Address: _____

Birth date if Student under 19 years _____

Emergency Contact: _____

Phone Number: _____

Children/other adult _____

Allergies, if relevant (optional) _____

MEMBER INFORMATION

Single Membership \$__.00

Family Membership \$__.00 *

Student \$__.00

*** NOTE: for a Family membership the applicant (s) must sign the Assumption of Risk AND, WHERE APPLICABLE, A SEPARATE DEDICATED FORM MUST BE SIGNED FOR FAMILY MEMBERS UNDER NINETEEN YEARS OLD; AND/OR FOR ANY OTHER ADULT FAMILY PERSON AS A CONDITION OF MEMBERSHIP - AND ESPECIALLY FOR THEM TO JOIN IN CLUB OUTINGS.**

*Club membership fees include membership in the Federation of British Columbia Naturalists.

Please complete and return to the Arrowsmith Naturalists' Treasurer, PO Box 1542, Parksville, BC, V9P 2H4

CONSENT FOR USE OF PERSONAL INFORMATION

I, the participant, authorize the Arrowsmith Naturalists and BC Nature (the Federation of British Columbia Naturalists) to collect and use personal information about me for the purpose of receiving communications, including newsletters, e-mails and posting articles and images on the Arrowsmith Naturalists' website or BC Nature website. We do not sell or distribute your personal information to any other third party not listed herein. I understand that I may withdraw such consent at any time by contacting the Arrowsmith Naturalists' secretary. The secretary will advise the implications of such withdrawal.

Check box on right to indicate your consent for use of personal information

Signature of Parent/Guardian (If under 19)

Date

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my (or my child/ward's) membership in the Arrowsmith Naturalists, I, the participant (and/or parent/guardian on behalf of a minor participant), agree as follows:

1. To abide by the policies, rules and regulations of the Arrowsmith Naturalists.
2. I have reviewed the Assumption of Risk agreement and my signature affixed hereto indicates my agreement with such Assumption of Risk agreement.
3. I accept sole responsibility for my (or my child/ward's) personal possessions and equipment (if applicable).

I acknowledge that I have read this form in its entirety and that I have executed this membership agreement voluntarily.

Signature of 1st Participant _____

Signature of 2nd Participant

Signature of Parent/Guardian (If under 19)

Date

