

ARROWSMITH NATURALISTS MEMBERSHIP FORM

NOTE: To participate in any club field activity or work party, you must sign this form and the *separate Waiver* form.

Full Names: _____ <i>Print (first name followed by last name(s))</i>		
_____ <i>Street Address</i>		_____ <i>Apartment / Unit#</i>
_____ <i>City</i>	_____ <i>Province</i>	_____ <i>Postal Code</i>
Home Phone () _____	Cell Phone () _____	
Email _____		License Plate _____
Emergency Contact _____		Phone _____
Allergies (if relevant) _____		

Membership

Single: **\$25.00** Family: **\$35.00** **Choose** (free e-edition of **BC Nature magazine** or \$5 copy by mail)

FREE edition \$5.00 copy by mail

Please return this completed and signed form, with the separate Waiver form, to:

Arrowsmith Naturalists – Treasurer
PO Box 1542, Parksville B.C.
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.

I understand that Arrowsmith Naturalists does not sell or distribute my 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 the right to indicate your consent for use of personal information

Signature _____

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 Waiver (a separate document) and my signature affixed hereto indicates my agreement with such Waiver 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 I have executed this membership agreement voluntarily.

Signature (First Participant) _____

Signature Second Participant _____

Date _____

Name of Child/Ward (under 19 yrs of age) _____

Signature of Parent/Guardian _____

Date _____