

# Apex Newcomers and Friends Club Membership Application

If membership is a renewal and all information is correct in the current directory, please write "same" across this form.  
You do need to fill out waiver below.

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, State/Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ Moved from \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthday of member (month/day) \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_

**Meetings and Dues**— Prospective members are welcome to attend two meetings/activities of Newcomers during any calendar year without regard to the payment of dues. On any third visit during a calendar year, the prospective member agrees to pay the \$25.00 membership fee that is non-refundable. The \$25.00 dues include a monthly newsletter and a membership directory. Additional fees and charges may apply for events scheduled throughout the year.

If you wish to receive the Newsletter by mail, check here \_\_\_\_\_ (\$7.50 printing and mailing fee applies)

Mail to: **Apex Newcomers and Friends Club, Box 1164, Apex, NC 27502**

or give to the club Treasurer at the next general meeting

## Apex Newcomers and Friends Club Statement of Waiver (Please check all that may apply)

Member \_\_\_\_ Spouse \_\_\_\_ Children of Member/Spouse \_\_\_\_\_

1. I accept any and all risks and hazards that may result from my, my spouse or my children's participation in any function offered by the Apex Newcomers and Friends Club (ANFC) including, but limited to personal injuries and property losses or damage occasioned by, or in connection with any activity or event sponsored by the ANFC.
2. I hereby waive, release, absolve, and agree to hold harmless the ANFC, its officers or agents from any claims arising out of any personal or property injuries that I, my spouse or my children may suffer during an ANFC activity or function.
3. In the event I, my spouse and/or my children suffer a personal injury during an ANFC activity, in the event I, my spouse or my children am physically and/or mentally unable to act on my own behalf, I authorize ANFC to obtain proper emergency medical care for me, my spouse and/or my children should I, my spouse and/or my children be in need of such services and to immediately contact the Emergency Contact listed below. It is understood that any and all costs associated with this emergency medical care will be borne by me and not ANFC.

Printed Name of Member \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name/Phone Number: \_\_\_\_\_