

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 \$30.00 membership fee that is **non-refundable**. The \$30*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 _____ (\$7.60 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 AN FC.

Printed Name of Member _____

Signature of Member _____ Date _____

Emergency Name/Phone Number: _____

Revised Apr 15, 2014