

SADDLEBROOKE NATURE CLUB MEMBERSHIP APPLICATION

JANUARY- DECEMBER _____ (please enter year)

SELECT ONE: NEW MEMBER RENEWING MEMBER

SELECT MEMBERSHIP TYPE: INDIVIDUAL (\$15 DUES) HOUSEHOLD OF 2 people max (\$20 Dues)

PAYMENT AMOUNT ENCLOSED- CASH \$ _____ CHECK \$ _____ CHECK # _____

New members paying after October 1st will be credited for remainder of the year and for the following year.

#1 Name _____ Email _____

Phone _____ Resident of HOA 1 HOA 2

#2 Name _____ Email _____

Phone _____ Resident of HOA 1 HOA 2

Note: Our club management program, Groupworks, identifies each member by a unique email address. Please use a different email address for each applicant if possible. Thank You

WAIVER OF RESPONSIBILITY: By signing, I recognize and accept all elements of risk attendant to any and all Saddlebrooke Nature Club field trips and activities that I may attend. I hereby assume full responsibility of injury to myself and to others, assume full responsibility for damage to and/or loss of property as a result of my actions and accept full responsibility for payment of all expenses related to such injuries and/or related property loss of damage.

I hereby and unconditionally release, remise and forever discharge, waive and acquit the Saddlebrooke Nature Club and all of its members, directors, officer, trip coordinators, employees and agents (collectively released) and any other person, firm, corporation or entity which may be liable or responsible for the Released Parties with respect to the Field Trip or Activity, including but not limited to Saddlebrooke Homeowners Associations #1 and #2.

A signature and date are required for each applicant.

#1 Name _____ Date _____

#2 Name _____ Date _____

INSTRUCTIONS:

- 1-Complete this application including a signature and date for each applicant.
 - 2-Enclose application and payment in envelope. Make checks payable to "Saddlebrooke Nature Club"
 - 3-Mail or deliver to: Debbie Grafmiller, Saddlebrooke Nature Club, 62674 East Mesa Crest Ct, Tucson AZ 85739
- Note: You may drop off your application at any monthly meeting.*

MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

Date Received:

Date Recorded:

Date Proofed: