

ROGUE GEM & GEOLOGY CLUB, Inc.

PO Box 1224 Grants Pass, OR 97528

Rogue Gem And Geology.org

MEMBERSHIP APPLICATION

Individual or Family New Membership \$28 Renewal \$20 Annually

Please fill out
BOTH PAGES
sign, and mail them
to the address on top.

Check if you DO NOT want to publish your conta		nto the brackets the part you do no MATION (please pring		home phone]					
First Name:		Last Name:							
Street Address:									
City:		State:	Zip:						
Home Phone:		Cell Phone:							
Email:									
How would you like to receive your m	onthly Newsletter?	Snail Mail	Email						
FAMILY MEMBERS (start with the person listed above)									
Badges MUST be worn at ALL club	functions. Please orc	ler 1 for each adult pla	nning to participate in	n club events.					
Name		Birthday	Each Addition	Each Additional Badge \$8					
			XYes	included					
			Yes No						
			Yes No						
			Yes No						
			Yes No						
			Yes No						
*Each member of a family must sign a Release of Liability form to participate in club functions. See next page.									
	Membership (September 1 – August 31): \$28.00								
			Total:						
	Olh	h							
	ed to volunteer min 1	by volunteers. 6 hours / year as stated volunteer jobs you'd							
Lead Field trip(s)	Teaching a clas	Teaching a class		Yard work at clubhouse					
Clean garage, vacuum, dust, etc.		Help at Shows & Fair		Rock related speak at meeting(s)					
	Help at Shows	& Fair	Rock related speak	at meeting(s)					

KEEP an EYE on ANNOUNCEMENTS in NEWSLETTERS for ADDITIONAL VOLUNTEER OPPORTUNITIES!

* Applications without a signature on the waiver will be returned



ROGUE GEM & GEOLOGY CLUB, INC. RELEASE OF LIABILITY

Please read carefully as this may affect your legal rights

By signing this form, I hereby release Rogue Gem and Geology Club, Inc. (RGGC), its Board, Officers, members, and any volunteers from any and all liability to me for any and all claims, demands, and causes of action for any and all loss of personal property, illness or injury to me, including my death, arising out of, resulting from, caused by, occurring during or in any way connected with the field trips/activities.

My participation in this field trip/activity is voluntary. I understand that this field trip/activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and I accept all risk to my health that may result. I recognize and acknowledge that certain risks of harm are or maybe inherent in the field trip/activity and that RGGC cannot control all these risks. I acknowledge there may be physically strenuous activities and certify by my signature that I am physically able to participate.

I understand that RGGC assumes no responsibility for any damage or injury that may be caused by my negligence or willful acts or caused by the intentional or negligent acts or omissions of any other participant in this field tip/activity, or caused by any other person.

PERSONAL INFORMATION

Name					
Name					
Address					
City		State		Zip	
Home Phone		Cell Phone			
	EMERGEN	CY CONTACT(S)			
Name	Phone			Relationship	
Name	Phone			Relationship	
Signature			Date		
Signature			Date		

Minors must have a parent or guardian's signature

^{*} Each member of a family must sign a Release of Liability form. Please print additional pages if needed.