

Membership Form

New

Renew

Membership Fee: \$65/year

(Information Unchanged)



PLEASE PRINT



First Name

Middle Name (optional)

Family Name



Country of Origin



Home Phone

Cell Phone

_____ () _____ () _____



Street

City

State

Zip Code

Country



Birth Date (mm / dd)



Email



Husband / Significant Other's Name

Read, sign and date the Waiver of Liability Form

On this _____ day of _____ 20____, intending to legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless the International Women's Club of Delaware (hereinafter referred to as the "Club") and any of its members and/or venues where meetings or events are held representing or related to the "Club". This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for any event conducted by the "Club" The undersigned further agrees to abide by all the rules and regulations promulgated by the "Club."

All members are required to volunteer at the "welcome desk" at least two times a year. Duties are listed in the Directory/Handbook. Please sign up for the "welcome desk" when you register.

Member Signature

Date

For Official Use Only

Payment Received: Cash Check # _____ Credit Card

Processed by: _____