

WOLVERINE NORDIC AND MOUNTAIN SOCIETY (WNMS)  
ANNUAL MEMBERSHIP FORM AND WAIVER

Fees: Individual: \$20 Family(3 or more): \$50 Under 19: \$15

Mail to: Box 1690 Tumbler Ridge, BC V0C 2W0

ADULT #1 Name: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_ M / F

ADULT #2 Name: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_ M / F

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ email: \_\_\_\_\_

KIDS:	<u>NAME</u>	<u>DOB (mm/dd/yy)</u>	<u>M / F</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SOCIETY MEMBER WAIVER:**

In consideration of WNMS acceptance of me as a registered member, and my being permitted to take part in the WNMS's events, activities and programs, I hereby, for myself, my heirs, executors, administrators and assigns, forever release, discharge hold harmless and WNMS, its directors, officers, employees, representatives or agents.

I have read and agree to the foregoing waiver.

Signature Adult #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Adult #2: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Future years:

Adult Signature: \_\_\_\_\_ Date : \_\_\_\_\_ Paid: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Date : \_\_\_\_\_ Paid: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Date : \_\_\_\_\_ Paid: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_

