

# NAMA: Membership Application Form

## Primary Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Do you want your name and phone number to be added to the buddy list? Circle one: YES/NO

## Secondary Member (Spouse/Partner)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Club Interests (Check all that apply):**

Detecting  Prospecting  Rock Hounding  Club Outings  Social Events & Meetings

## **Annual —-----Membership dues-\$50.00**

Please make checks payable to "NAMA" Mail to: NAMA, P.O. Box 612, Renton WA 98057

## **IMPORTANT...PLEASE READ THIS CAREFULLY: THIS REPRESENTS A RELEASE OF LIABILITY.**

In and for the privilege of becoming a member and participating in any/all activities of the North American Mining Association, hereafter known as NAMA, I do realize and hereby acknowledge that by affixing my signature herein I am fully aware that any and all NAMA activities may involve certain known and unknown associated inherent dangers and that with my participation in these NAMA activities, that I may incur personal risk and possible danger to myself and others and that from my involvement with these activities I might incur personal injury to myself, and that the associated dangers of these activities include but are not limited to , accidents, drowning, illnesses, wounds and abrasions, broken bones, internal injuries, hypothermia and even death, and that these dangers are often found and injuries are incurred in remote areas where NAMA activities are conducted, and that often these areas are in locations without medical facilities or possible emergency assistance, and may result from the forces of nature or the actions of other participants and other persons. I acknowledge that I fully understand the above and am aware that in consideration for the right to join NAMA and to participate in its activities, I do hereby release NAMA, it's members, families and any associated sponsors, affiliates, or any other party (if any), from any and all liability, claims and/or causes of act arising out of, or connected in any way with my participation in any and all NAMA activities. And that by agreeing to become a member of NAMA and participating in its activities that I do agree that the terms of this agreement that shall serve as a release and indemnity agreement for my heirs, personal representatives, and for all my family including minors. I also certify that I am an adult and eighteen (18) years of age or older. And by affixing my signature that I have read this and do fully agree with the terms of this release and indemnity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **For Official Use:**

Check# \_\_\_\_\_ Member #: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Referred By: \_\_\_\_\_