

CWN MEMBERSHIP FORM, WAIVER AND ASSUMPTION OF RISK

Membership term: Oct 1-Sept 30

Website: cwn-singles.com

Mail to: CWN, P.O. Box 752, Stevens Point, WI 54481-0752

Central Wisconsin Network (CWN) was created to provide a way for single adults to make new friends and share experiences. You'll meet lots of interesting people and have the opportunity to share in the fun with others with similar interests. Your membership provides you with a Newsletter and calendar of events, reduced or free admission for many CWN social events and dances, and a vote at CWN's Annual Meeting.

WAIVER AND ASSUMPTION OF RISK

The undersigned, as a condition of participating in the activities of the Central Wisconsin Network, Inc. (hereafter "CWN") and in partial consideration of his or her membership and the benefits of said membership, hereby waives any and all rights, claims, demands and judgments against CWN and its officers, directors, or agents for losses of any kind or nature, including personal injury, personal liability or property damage arising out of or relating to the member's participation in the activities of CWN. Injuries as a result of participation in athletics or involving automobiles are especially excluded from insurance coverage. I understand that CWN may take photographs of participants and activities. I agree that CWN shall be the owner of and may use such photographs relating to the promotion of the Organization. I relinquish all rights that I may claim in relation to the use of said photographs.

NOTICE: Members organizing or participating in activities may be held individually liable for damages to others resulting from their negligence. Members are therefore strongly advised to obtain adequate homeowners, auto, renters, and personal liability insurance.

SIGNATURE _____ **DATE** _____

MEMBER INFORMATION

You will be listed in the Member Directory unless you indicate here that you do not want to be listed. Do not list me.

NEW MEMBERS: We may publish your name/city in a Newsletter, unless you decline by checking here. No, thanks.

PLEASE PRINT NEATLY

Name _____

E-mail Address for Newsletters, Directory, and Updates: _____

CHECK BOX IF ALL THE INFORMATION BELOW IS THE SAME AS LAST YEAR'S FORM.

Street Address _____

City _____ State, Zip _____

Primary phone () _____ Secondary phone () _____

The Directory includes two hobbies/interests per person. List below what you'd like to appear in the Directory.

MEMBER FEES

CURRENT MEMBERS pay \$25 if renewed by September 30. After September 30, lapsed members must pay \$30 regardless of the month.

FIRST-TIME MEMBERS MAY USE THIS TABLE

If You Join:	Membership is Through:	Dues
Sept. Through December	September of next year	\$30
January Through March	September 30	\$21
April Through July	September 30	\$12
August Through Following September	September of next year	\$35

OFFICE USE ONLY (20170825)

Membership \$ _____

____ CASH ____ CHECK # _____

Received by _____

____ Yes ____ No Email Newsletter Sent

____ Yes ____ No Email Directory Sent