



ROGUE GEM & GEOLOGY CLUB

PO Box 1224
Grants Pass, OR 97528

RogueGemAndGeology.com

Individual or Family
New Membership \$26
Renewal \$20
Annually

Please fill out and mail
this application to the
address on top.

MEMBERSHIP APPLICATION

PERSONAL INFORMATION (please print)

First Name:			Last Name:		
Street Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					
How would you like to receive your monthly Newsletter? _____ Snail Mail _____ Email					

FAMILY MEMBERS (start with the person listed above)

Badges MUST be worn at ALL club functions. Please order 1 for each adult planning to participate in club events.

Name	Birthday	Each Additional Badge \$6	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	included
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership (September 1 – August 31):	\$26.00
Total:	

Our club runs by volunteers.

It is recommended to volunteer min 16 hours / year as stated in the bylaws.
Please check any or all of the possible volunteer jobs you'd be interested in:

Lead Field trip(s)	Teaching a class	Yard work at clubhouse
Clean garage	Help at Show & Fair	Rock related speak at meeting(s)
Maintenance of claims	Help clean after meetings	Call me if any help needed

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



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	

EMERGENCY 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.**