



Membership Information and Liability Release

WE WANT TO KNOW ABOUT YOU!!!

Name

Address

City

Zip

Email

Home Phone

Cell Phone

Month & Day of Birth

Tell us about yourself (hobbies, married, kids & ages, work, interests, other)

What activities/community service projects interest you?

What are the best days/times for you to attend meetings?

What do you expect to get out of this group?

How did you hear about Women of Wonder?

I, the undersigned, understand that my participation and the participation of any members of my family in any Women of Wonder activity or program is completely voluntary, and I hereby give permission for myself and my family to join in those activities and programs. My family shall hold harmless this Women of Wonder organization, WOW International, Inc. organization, and any of these organization's volunteers or representatives, paid or unpaid, and/or the providers of an activity or program location and/or materials from any liability and/or responsibility for an accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me. I understand that this form must be completed and on file with WOW prior to participation in activities and programs.

Member Signature

Date

Send completed "Membership Information and Liability Release" along with your annual dues of \$25 via cash or check made payable to "**Women of Wonder**" to:

Women of Wonder, P.O. Box 313, Warrenton, VA 20188