

NEW SOCIABLES 2023-2024 Membership Registration Form



Membership dues for the New Sociables 2023-2024 year are \$40.

Contact information for members who have submitted completed registration forms and dues by October 10, will be included in the New Sociables printed Membership Directory. The printed directory will be distributed at the November General Meeting. Subsequent, updated directories will be distributed electronically each month.

All phone numbers and email addresses will be used for New Sociables' communications only and will not be distributed outside our organization. Our Membership Directory is confidential and must not be used for promotion of business interests.

The completed Registration Form and a check made payable to NEW SOCIABLES, should be submitted to the Membership Chair, Karla Zellmer. Completed registration forms and **\$40** checks can be mailed to: Karla Zellmer, 4162 Starbridge Ct, Eagan, MN 55122.

NEW FOR 2023-2024: Members are required to sign a Waiver and Release of Liability (see below) as a condition of membership.

2023-2024 Waiver and Release of Liability

In consideration of the risk of injury while participating in any and all New Sociable Activities, and as consideration for the right to participate in Activities, I hereby, for myself, my heirs, executors, administrators, assignees, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in meetings or activities, and do hereby release and forever discharge the New Sociables board members, activity leaders, and members for any physical or psychological injury, including but not limited to illness, paralysis, death damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned meetings or activities, including traveling to and from an event related to activities.

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Printed Name:			_ Date:	
Signature:				
Ple	ease Print	Clearly	•	
Unless otherwise specified, informa	tion listed here wi	II be included in	the New So	ciables Directory.
Name:				
Address:				
Home Phone:	Cell Phone:			
Email Address:				
Date: Returning Me	mber: New	Member: \square	Cash: \square	Check #: