

CWN MEMBERSHIP FORM, WAIVER AND ASSUMPTION OF RISK

Revised August 2011

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 people 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 entitles you to 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 _____.

MEMBERSHIP FORM

I am a: Renewing member before Oct. 1 _____ Lapsed former member _____ NEW member _____

If a new member, may we publish your name and city in the next Newsletter? _____ YES _____ NO

Do you want to be listed in the Membership Directory? _____ YES _____ NO

PLEASE PRINT NEATLY

Name _____

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

Street Address _____

City _____ State, Zip _____

Phone () _____ Cell () _____

E-mail address for Newsletters, Directory, and updates: _____

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

Hobbies and interests: 1. _____ 2. _____

MEMBERS MAINTAINING A CONTINUOUS MEMBERSHIP pay \$25 if renewed by Oct. 1. After Oct. 1, you are considered a "lapsed membership" and pay \$30 regardless of the month you renew.

FIRST TIME MEMBERS MAY USE TABLE BELOW.

If you join during:	The New period is:	Dues:
Sept, Oct, Nov	To following 9/30	\$30
December	1/1 to 9/30	27
January	2/1 to 9/30	24
February	3/1 to 9/30	21
March	4/1 to 9/30	18
April	5/1 to 9/30	15
May	6/1 to 9/30	12
June	7/1 to 9/30	9
July	8/1 to 9/30	6
August (13 mo.)	9/1 to following 9/30	36

OFFICE USE ONLY

Payment of \$ _____ Rec. on ____/____/____

Received by _____

In the form of: CASH (circle one) CHECK # _____

Membership card issued yes/no

Newsletter sent yes/no

Roster sent yes/no