



Membership / Release Signup Form

Yearly membership dues renew in January

Personal Information

Name: _____

Street Address (optional): _____

City: _____

State: _____ Zip (optional): _____

Phone (optional): (Home) _____ (Cell) _____

Birth Date (optional): Month ____ Day ____ Year (optional) _____

Email: _____

Permission to share contact information with members of ONSD, it will not be shared outside the club.

- | | |
|-----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Name | <input type="checkbox"/> Email |
| <input type="checkbox"/> Street Address | <input type="checkbox"/> Birthdate (as completed above) |
| <input type="checkbox"/> City & State | <input type="checkbox"/> All the above |
| <input type="checkbox"/> Phone | <input type="checkbox"/> None of the above |

LIABILITY RELEASE FORM – REQUIRED FOR MEMBERS

On this _____ day of _____, 201____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Old North State Detectorists of Greensboro, NC, and any of its members or agents representing or related to the club with regards to metal detecting meetings and outings. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by club bylaws throughout any club authorized event.

Member Name (please print)

Date Signed

Signature of Member

Signature of Club President/Vice President/Treasurer