

Newtown Newcomers and Neighbors Club Membership Form 2007-2008

Mail this form along with your check to:

Newtown Newcomers & Neighbors
 PO Box 3634
 Newtown, CT 06470

For info call Megan Bisset 364-0414/Julie Wood 304-111.

The following information is optional and may be included in the group directory or newsletter.

Name: _____

Spouse's Name: _____

Address: _____

City, State: _____

Phone: _____

Email: _____

Occupation (Wife): _____

Company: _____

Occupation (Husband): _____

Company: _____

Children:

Name: _____	Birth Date _____
_____	_____
_____	_____

Moved from: _____

Moved from: _____ Date: _____

Our activities are the heart and soul of Newcomers'. Please indicate the activities of interest to you, even if you have been previously involved with the group.

- Adult Playgroup
- Bird Watching
- Book Clubs
- Bridge
- Bunco
- Chick Flick
- Children's Playgroups
- Couple's Game Night
- Daytime Culinary
- Golf
- Ladies Night Out
- Restaurant Reviewers
- Special Needs Playgroup
- Tennis
- Tot Tours
- Walking Group
- Whine and Dine

Other _____

Membership Dues:

- \$35 full year membership dues for ALL Renewals and new memberships (July 2007 – June 2008)
- \$25 half year membership dues for new memberships only (January 2008 – June 2008)

New Member
 Renewal

How did you hear about us? _____

Would you be interested in a position on the Board or a Committee?

YES _____ NO _____ Position _____

Would you like to make a donation to fund our scholarship fund and other community service projects?

Total Membership Enclosed _____

Total Donation Enclosed _____

Grand Total _____

I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF ANY MEMBERS OF MY FAMILY IN ANY NEWCOMERS' CLUB ACTIVITY OR PROGRAM IS COMPLETELY VOLUNTARY, AND WE HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE ACTIVITIES OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS THE NEWCOMERS' CLUB, ANY CLUB VOLUNTEERS OR REPRESENTATIVES, PAID OR UNPAID, AND/OR THE PROVIDERS OF ANY ACTIVITY OF PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY 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.

 DATE

 MEMBER SIGNATURE

