



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Date of Birth: _____ How did you hear about us? _____

Interests: Please circle what special interest group(s) you would like to be a part of. Your interests will be included in the membership directory so that you may be contacted by others with similar interests.

Archery	Astronomy	Backpacking
Bicycling	Bird Watching	Boating
Camping	First Aid/Survival	Fishing
Fishing: Offshore	Fly Fishing/Fly Tying	Golf
Hiking	Horseback Riding	Hunting
Kayaking	Map and Compass Skills	Nature Walks
Outdoor Photography	Plant Identification	Sailing
Skeet Shooting	Shooting: Rifle/Handgun	Shooting: Shotgun
Windsurfing	Other:	

Committee/Leadership/Community Service: Please circle any committee(s) you would be interested in.

Board Member	Public Relations/Marketing	Community Services
Membership	Event Leader	Social Events
Director	Women in the Wild	Newsletter
Speaker: What topic?		

MANDATORY: Please sign the following Liability Waiver:

By signing this form, I am hereby releasing the Texas Outdoors Woman Network- Rockport Chapter, also known as TOWN Rockport, its officers, members, representatives, organizers and sponsors from liability for injury to myself or damage to my property as a result of participating in TOWN Rockport activities. I assume all of the risk and accept personal responsibility for any damages, person injury, permanent disability, or death and I so hereby WAIVE any remedy I may have in law or equity. This Liability Waiver is in effect while in transit to and from any TOWN Rockport event and while participating in any TOWN Rockport event/outing.

Signature _____ Date _____

Make your check payable to **TOWN Rockport** PO Box 2636 • Rockport, TX 78382

Annual dues are \$25 January 1 through October 31

For Admin. Use: Payment Received On _____ By _____ Check# _____ Cash _____