



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 Service |
| Membership | Event Leader | Social Events |
| Directory | 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 Outdoor Womens Network, 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 1854 * Rockport, TX 78382
Annual dues are \$25 January 1 through October 31

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