

Blue Ridge Naturalist Network

Membership Request

Your subscription of \$15 (individual) or \$25 (household) is good through Dec 31, 2017

First name(s): _____ Last name(s): _____

Best phone number: _____ - _____ - _____

E-mail address (please write clearly!): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Circle membership type: **Individual** or **Household**

Circle whether this is: **New** or **Renewal**

membership

Affiliation(s):

- Currently enrolled in Blue Ridge Naturalist Certification program
- Graduate of BRNC program
- BRNC program instructor
- Member of another club with a science-related mission
Name of club: _____
- Volunteer with a National or State Park or other environmental organization
Name of organization: _____
- Individual with an education or profession in the biological sciences

By signing this form, I acknowledge that when engaged in outdoor activities, serious physical injury and personal property damage may accidentally occur. Understanding that,

I agree to exercise reasonable caution and assume total responsibility during activities of the Blue Ridge Naturalist Network for my own safety and well-being and that of any minor children under my care. I therefore release and hold harmless the Blue Ridge Naturalist Network, those persons associated with organizing/sponsoring its activities, and its members and officers from liability as a result of participation in its activities.

Signature: _____ Date: _____

Please give or mail this form to Charlotte Caplan, 39 Courtland Ave., Asheville NC 28801

Checks should be made out to: **Blue Ridge Naturalist Network**