

Our bylaws require current application and liability release forms on file for all new and renewing G old G country G members. Please complete the following:

NAME:	BIRTHDATE:				
ADDRESS:					
TELEPHONE:	:E-MAIL:				
HUSBAND/PARTNER'S N	NAME:				
CHILDREN'S NAMES AN	ND BIRTHDATES:				
PERSONAL INTERESTS		TES:			
	BOUT THE CLUB:				
Please circle any areas yo	ou would be interested in he	elping out with or coordi	nating:		
PARTIES	PLAYGROUPS	FUNDRAISING	CRAFTS	ACTIVITIES	
COMMUNITY EVENTS CHARITY			OTHER:Host Bunco/newsletter mailing/website updates, etc.		
	information in the annual direct		announce birthdays i	n the newsletter, and e-mail me	
☐ Please DO NOT include o	any of the above information in (any directory or newsletter,	and do not e-mail me	e any announcements.	
or program is completely volur shall hold harmless this Gold (function or program location o	ntary, and we hereby give permis Country Moms Club and any Gold	ssion for myself and my fami Country Moms Club voluntee ty and/or responsibility for a	ly to join in those fu ers or representative any accident, illness (es, and/or the providers of any or injury that occurs during or as	
MEMBER SIGNATURE:_			_DATE:		
•	al membership dues are \$33 ble to Gold Country Moms, i		•	•	
(GOLD COUNTRY MOMS,	P.O. Box 1157, Shingle	e Springs, CA 95	5682	
	Thank you	u and have a fun-filled y	ear!		
For Office Use Only:					

Entered

Renewal Month

Date Received_

_Paid__