

TAYLORED WITH TIME SENIOR CITIZEN GROUP

JULY 1, 2018 – JUNE 30, 2019

MEMBERSHIP INFORMATION

Name					
Street Address					
City, ST, ZIP Code					
Home Phone					
Cell Phone					
E-Mail Address					
Optional: Date of Birth - Month and Day Only			□Male	□Female	

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that may be of interest to the general membership.

EMERGENCY CONTACT							
Name		Relationship					
Address		Telephone					
City, State, Zip							

MEMBERSHIP FEES (PLEASE CHECK ONE)

□Full Membership \$20.00 Annually

□Associate Membership \$25.00 Annually

Residents age 50 or older

Sponsored Non-Residents age 50 or older

Associate Members – Please print the name of the full member sponsoring you:

Associate Members - Sponsor's Signature: _

ACKNOWLEDGEMENT OF RECEIPT

As an active, dues paying member of the Taylored With Time Senior Citizen Group of Taylor Mill, I hereby acknowledge receipt of the rules and regulations for the Senior Group; and hereby certify that I have read and understand them.

I also understand that these rules and regulations are not contractual and are only discretionary guidelines of the City of Taylor Mill City Commission in regards to the relationship between the City and the Senior Group, which may be revised or terminated by the City at any time with or without notice. Any written or oral statements or promises to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing member.

My signature below signifies the receipt of these rules and regulations and that I understand it is my responsibility to be familiar with the contents of these rules and regulations.

RELEASE OF LIABILITY

In consideration of my membership in the Taylored With Time Senior Citizen Group (TWTSCG) and my participation in activities organized, promoted, or sponsored by either TWTSCG and/or the City of Taylor Mill (City), the undersigned, individually and for my heirs, administrators, executors, successors and assigns hereby releases, acquits, and forever discharges both TWTSCG and the City and all of the elected officials, officers, agents, volunteers, independent contractors, employees, instructors, successors and assigns of either and both of them from each, every, any and all obligations and liabilities of either and both of them to the undersigned, individually and for my heirs, administrators, executors, successors and assigns for each, every, any and all personal injuries, property damage, costs, expenses, losses, compensation and all other damages of every kind and nature, and indemnification and/or contribution for all claims of third parties, which may accrue to the undersigned, individually and for my heirs, administrators, executors, successors and assigns through any act, omission, event or occurrence which is any way related to my participation in any activities organized, promoted or sponsored by the City on or off the City of Taylor Mill premises.

SIGNATURE OF APPLICANT

DATE:_____

Official Use Only				
Payment Information:	□Cash	Check – Check Number		
Amount Paid: \$	ount Paid: \$ Approved Membership Status:		□Full	
Date:				