



MEMBERSHIP APPLICATION

DESERT ADVENTURES, INC.

Post Office Box 2008 • Phoenix, Arizona 85001

www.DesertAdventures.org Email: da411@desertadventures.org

WELCOME TO DESERT ADVENTURES! As a new member, or a renewing member, we look forward to your participation in our trips and other activities, and welcome you to our meetings. Please read and complete this form, and mail it back, or return it to an officer, along with your membership fee. Renewing members should fill out and sign this form each year, so we can keep our mailing list current, and have your emergency name and phone number on file.

Your membership fee is \$25.00 per year, and entitles you to reduced rates on our activities, free admission to three Quarterly Members' Parties, a one year subscription to our newsletter *TRAILMARKER*, and other DA benefits.

PLEASE PRINT CLEARLY, OR TYPE NEW MEMBERSHIP (\$25.00) RENEWAL MEMBERSHIP (\$25.00)

Please mail my newsletter. No thanks, I prefer to read the newsletter online.

NAME _____ Male Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

The following information is optional, but we'd sure appreciate your cooperation in keeping our membership files complete!

Primary Phone # _____ Emergency Name _____

Work Phone # _____ Emergency # _____

Occupation _____ Birth Date _____

Email _____

New Members, how did you find out about Desert Adventures?

Another DA Member - Name (optional): _____

Attending a DA Event or Activity at: _____

Another Gay/Lesbian Organization: _____

Newspapers or Magazines (which ones): _____

Our Web site (www.desertadventures.org)

Other (please explain): _____

Comments:

- NOTICE -

PLEASE ALSO READ THE INFORMATION CONTAINED ON THE SECOND PAGE OF THIS APPLICATION PRIOR TO SIGNING AND SUBMITTING TO DESERT ADVENTURES.

By executing and signing this application: (1) I agree to abide by the by-laws, rules and regulations, as established from time to time by Desert Adventures, Inc. and; (2) I have read and fully understand the requirements indicated in the information contained on the back of this application. My signature below affirms that I am at least 21 years of age.

Signature _____ Date _____
X

MEMBERSHIP# _____ DATE PAID ____ / ____ / ____ MBR. CARD SENT ____ / ____ / ____

WAIVER OF CLAIMS AND NOTICE OF MEMBERSHIP AND ATTENDANCE REQUIREMENTS

Desert Adventures, Inc. (DA) is a tax exempt, non-profit Corporation operating in the State of Arizona. Fees, donations, contributions, or payments made to DA are not deductible for income tax purposes. The fees charged members, non-members and guests who participate in the activities organized and conducted by DA are collected only to defray the operating cost of the corporation. DA does not, nor does it intend to, insure the safety or health of the participants who attend any of the functions organized, conducted or sponsored by DA. DA would be required to significantly increase the charges and fees for its activities in order to purchase this type of insurance. By the execution of this document, I hereby waive any and all rights that I may have to make a claim for damages, expenses or costs against DA for any injuries that I might suffer while participating in any DA event and do hereby for myself, my heirs, executors, administrators, successors and assigns release, acquit, exonerate and forever discharge DA, its heirs, executors, administrators, successors and assigns from all claims, actions, causes of actions, demands, rights, damages, costs, expenses and attorney's fees or other compensation whatsoever that I might incur as a result of participating in a DA sponsored event. I further understand that I am fully responsible for obtaining any and all appropriate insurance coverage for myself and that I am fully responsible for my own medical and insurance expenses.

Membership and attendance in DA is restricted to those people 21 years of age or older, although some exceptions may apply. This restriction is necessitated by the laws of the State of Arizona governing the use and consumption of alcoholic beverages. Please consult an officer of DA for complete details of the membership age and attendance, restrictions and requirements.

By signing my name to the front of this application, I hereby grant permission for my picture to be included in any group photograph of events or activities sponsored by DA and printed in the newsletter. My last name or phone number shall not be used in any publication unless authorized by me.

All information indicated on the front of this application must be provided in full (unless otherwise noted) or your application may be returned. Your occupation is being requested only as a means to determine if any services which DA periodically contracts for may be available through our members. The membership list and mailing list of DA, including all information contained therein, is held in the strictest confidence and is not sold or provided to anyone. Only elected officers, and certain appointed officers, are provided with a copy of the membership list and those copies are closely held. Officers holding copies of the membership list may not provide anyone (including members, but excluding trip leaders, as required) with any information involving other members.