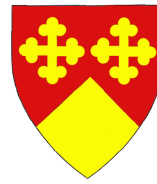


# Warwick MEMBERSHIP FORM



**Please indicate:**

**ADDRESS CHANGE** (Notify us of address changes six weeks in advance).

*If you are a new or renewing member, please check one of the following. Please provide a separate form for each member. Membership Dues are from January 1<sup>st</sup> through December 30<sup>th</sup> of the same year, renewals are due by the end of January each year.*

**NO THANKS**, I do not at this time wish to join Warwick. **Enclosed is \$ \_\_\_\_\_** as a tax deductible donation to help your cause.

**RENEWAL Member** (Due by January 30<sup>th</sup>) **Renewal rate:** \$15 (through next Dec. 30<sup>th</sup>) Renewal is due in the month of January unless extension is granted by the High Council.

**NEW PARTICIPATING MEMBER:** (*Basic membership*). **New Member rate:** (Jan. 1<sup>st</sup> through Dec. 30<sup>th</sup>) when joining during: Jan/Feb/Mar: \$40; Apr: \$37; May: \$34; June: \$31; July: \$28; Aug: \$25; Sep: \$22; Oct: \$19; Nov: \$15; Dec: \$10. (RENEWAL Membership of \$15 due after Dec. 31<sup>st</sup> & due by Jan. 30<sup>th</sup>).

**ASSOCIAT MEMBERSHIP:** \$15 (Jan. 1<sup>st</sup> through Dec. 30<sup>th</sup>) when joining during: Jan/Feb/Mar: \$15; Apr: \$14; May: \$13; June: \$12; July: \$11; Aug: \$10; Sept: \$9; Oct: \$8; Nov: \$7; Dec: \$6, (RENEWAL Membership of \$15 due after Dec. 31<sup>st</sup> & due by Jan. 30<sup>th</sup>).

**LIFETIME PARTICIPATING MEMBER: Lifetime Rate:** \$300

**ADDITIONAL FAMILY GROUP MEMBER\*:** *Legal dependents of the participant's immediate mundane family. Must be: 1) a cohabiting couple, or 2) members who qualify as dependents of the Head of Household under IRS tax code. Family Member rate:* \$15 (through next Dec. 30<sup>th</sup>) Renewal is due in the month of January unless extension is granted by the High Council (mark **RENEWAL Member** above). Children under the age of 13 participating with parents are free memberships. *Note: \*There is a \$70 limit to the total price of a family group.*

**ONE PERSON PER FORM. PLEASE TYPE OR PRINT CLEARLY IN BLUE or BLACK INK.**

**Do not publish my contact information**

Name \_\_\_\_\_ If minor, age: \_\_\_\_\_

Persona Name (if you have one) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**MEMBERSHIP WAIVER; INFORMED CONSENT TO PARTICIPATE**

I, \_\_\_\_\_ (print legal name), as a condition of membership in WARWICK, do hereby agree to release, indemnify and hold harmless WARWICK, its agents and assigns from any and all claims, including claims for property damage, injury, death, mental or emotional distress I may receive by reason of participation in martial arts or other activities or events sponsored or arranged by WARWICK. I am fully aware that WARWICK activities are potentially dangerous and can result in serious harm. I understand that WARWICK does NOT provide full insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. In consideration of my being permitted to take part in these activities, I agree to follow all WARWICK rules or directions of WARWICK officials regarding equipment, participation or personal safety and voluntarily accept all risks associated therewith. Should any disputes arise from my participation in any WARWICK sponsored activity, I agree to work through the internal dispute resolution procedures of WARWICK. If these procedures do not lead to the resolution of the dispute, I agree to submit it to a board for binding arbitration and to abide by the decisions reached by such a board. The arbitration may take place wherever the parties mutually agree, but will be in Des Moines, Iowa if they do not agree otherwise, and in any case, the laws of the state of Iowa will apply.

THE UNDERSIGNED AFFIRMS THAT HE OR SHE HAS READ AND UNDERSTOOD THIS STATEMENT, AND AGREES THAT THIS IS A WAIVER OF ALL CLAIMS ARISING FROM PARTICIPATION IN EVENTS SPONSORED BY WARWICK TO THE EXTENT PERMITTED BY LAW.

Signed: \_\_\_\_\_

Signature of Parent or Legal Designated Guardian (if applicant is a minor): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Note: Parental signature binds both the parent and the minor to the terms of this agreement. Guardians must be legally authorized to act as such. Please attach copy of documentation.**

I am interested in joining  Renaissance Division  Civil War/Old West Division  Both (no extra cost for joining both except for clothing, tools, ect...)

Send completed forms & enclose your check or money order payable to:

**Warwick 3841 52<sup>nd</sup> Street Des Moines, IA. 50310**

Rec'd locally on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Did you remember to fill out your medical form (*Required for membership*) to turn in with your membership form?