

2017 BRVHA MEMBERSHIP APPLICATION

ANNUAL DUES: (circle one) \$15.00 INDIVIDUAL \$25.00 FAMILY*

*A family is those members living under one roof and under on head of household.

NAME(S) _____ AGE _____
_____ AGE _____
_____ AGE _____

Additional names and ages can be added to the back of this form.

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL _____

Adult contact name and number for "INDIVIDUAL MEMBERS" that are minors:

E-MAIL _____

If you would like to receive a newsletter, we need an email address, they will only be sent out electronically!

I hereby declare that I have read the rules of BRVHA, Inc. & agree to abide by them. Furthermore I will not hold BRVHA, Inc. officials, officers or members responsible for injury to or loss suffered during or in connection with any BRVHA, Inc. event. Whether or not, such injury or loss resulted directly or indirectly from the negligent acts or omissions of said BRVHA, Inc. officials, officers, or members. I hereby grant permission for BRVHA, Inc. to take and use photographs/digital images of me or my child for use in promotional or educational materials including printed or electronic publications, Web Sites or other electronic communications. I authorize the use of these materials indefinitely without compensation to me.

SIGNATURE OF ADULT _____

MAKE CHECKS PAYABLE TO: BRVHA, INC. – PO BOX 6381 – WATERTOWN – NY – 13601

Office Use:

Date Paid _____ Amount _____ Cash _____ Check # _____ Rec. By _____