

Membership Application

Newcomers Club of Ridgefield

Please complete this membership form, sign it, attach your check for \$45, payable to Newcomers Club of Ridgefield and mail to:

NEWCOMERS CLUB OF RIDGEFIELD

ATTN: Membership

P.O. Box 344

Ridgefield, CT 06877

Your Name _____

Spouse's Name _____

Address _____

Phone _____

E-Mail _____

Moved from (City, ST) _____

If you have children, please list their names and birthdays:

Child

Birthday (month/year)

Please read and sign:

Disclaimer of Liability: Our members are notified that their participation in the activities of the Club, including, without limitation, the attendance of functions at the home of a member, is at their sole risk and that neither the Club nor any member will in anyway be responsible to any member for damages, loss or injury caused as a result, directly or indirectly, of such participation.

Your signature

Date

Spouse' signature

Date

Office use:

Date: _____ Check # _____ Amount _____

Logged _____

Memo _____