



## Sault Naturalists Membership Form

**Mail to: Sault Naturalists Atten: Membership Committee**  
**P.O. Box 20040, EAST END PO, Sault Ste. Marie, ON P6A 6W3**

**Categories and Fees\*:**    E-transfer     Cash     Cheque

Renewal                       Student \$10                       Individual \$25   
or

New Member                       Family \$30                       Life \$250

*\*Please remember us in your estate planning\**

**\*You may submit payment in either US or Canadian funds. For e-transfer, add [saultnaturalists@gmail.com](mailto:saultnaturalists@gmail.com) to your list of payees and forward the payment. Please put your name in the text field.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please read CAREFULLY and SIGN below, for yourself and any minors in your care, to indicate that you have READ and UNDERSTOOD the following:

- I understand that during my participation in SAULT NATURALISTS CLUB ACTIVITIES, I may be exposed to a variety of HAZARDS and RISKS.
- I acknowledge and voluntarily accept that my PARTICIPATION in CLUB ACTIVITIES could result in INJURY or DEATH to myself, or any MINORS in my care, and DAMAGE to my PROPERTY.
- I agree to WAIVE, DISCHARGE CLAIMS, and RELEASE FROM LIABILITY, the SAULT NATURALISTS CLUB, ITS OFFICERS, MEMBERS, AND ACTIVITY LEADERS.
- I understand and intend that this ASSUMPTION OF RISK AND WAIVER AGREEMENT is binding upon my HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, and includes any MINORS accompanying me.
- I confirm that I have READ THIS DOCUMENT in its ENTIRETY and I APPRECIATE, UNDERSTAND, and FREELY ACCEPT all risks on my own behalf, and on behalf of any MINORS participating in club activities with me.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Welcome!**