

KBBG Membership Application

First Name:

Last Name:

DOB:

Are you 21+ years old?

Street Address:

City:

State:

Zip code:

Email address:

Phone number:

Please answer the following questions to help us get to know you as a potential member.

1. What interests you most about joining the KBBG?

2. What are some of your favorite bourbon labels?

3. Tell us a few fun and interesting facts about yourself.

4. How did you hear about KGGB?

5. Upon becoming a member, do you have any interest in joining a steering committee? If so, what areas are you most interested in?

Liability Release and Signatures

I affirm that I am twenty-one years of age or older, and in consideration of my participation in any and all Kentucky Black Bourbon Guild events, do hereby release Kentucky Black Bourbon Guild, its officers, directors, members, and host venues from any and all liability from injuries, loss, or damage, or property, which may occur during or following any and all Kentucky Black Bourbon Guild events. To confirm this agreement, please sign your signature on this membership application form and date.

Signature:

Date:

**Membership
committee approval:**

Date:

Fees paid/due:

