

Southern Illinois Parrot Head Club

Membership Application

ATTN: Rebecca Brandon, Director of Membership & Secretary

14040 Allen Rd.

Cartersville, IL 62918

siparrotheads.com

Single \$25 / Family \$40 / 'Keets' 17 & under, in same household, fly FREE

Membership is on a calendar year basis. Dues prorated for **NEW Members** JUL-SEP \$15/\$30; OCT-NOV \$5/\$10

Check or Money Order only payable to "Southern Illinois Parrot Head Club"

Name: _____ Birthday: _____ T-shirt Size: _____

Spouse/Significant Other: _____ Birthday: _____ T-shirt Size: _____

'Keets' (17 & under) _____ Birthday(s) _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Mobile: _____ / _____

E-mail Address: _____ / _____

We are always looking for new members with special talents/abilities/hobbies that would enjoy contributing to/participating in any of the following. Please let us know by checking the appropriate box:

- Writing Newsletter Article Assisting National Charities Web Design
 Planning Parties Local Community Service Club Promotion Concerts
 Weekend Trips Club Operations Other _____

How did you find out about SIPHC? Web Newsletter Member: _____

Please **PRINT** names (or nicknames) for I.D. Badges: _____

The Obligatory Fine Print:

Membership in the club does not give the member permission to use Jimmy Buffett's name, song titles, lyrics, names of businesses or other trademarked, copyrighted or reserved material owned by Jimmy Buffett; nor can any member use the logo of SIPHC or Parrot Heads in Paradise, Inc.

Membership dues are not tax deductible as a charitable contribution for federal or state income tax purposes.

AGREEMENT AND RELEASE OF LIABILITY

In consideration of being allowed to become a member of the Southern Illinois Parrot Head Club ("SIPHC") and to attend, work at, and/or participate in any and all events, activities, functions or other occasions that SIPHC has planned, sponsored, chaired, and/or otherwise supported, both before and at anytime after I have become a member, I do hereby waive, release and forever discharge SIPHC and its officers, agents, employees, representatives, executors, members, and all others from any and all responsibilities or liabilities from injuries or damages arising out of or connected with my/my family's membership in SIPHC, my/my Family's participation in all activities, my/my family's use of any equipment owned or utilized by SIPHC, or any act or omission, including negligence by any representative or other member of SIPHC.

I/We also grant permission for my name(s) and email(s) to be used for correspondence among SIPHC members in good standing.

(Initials _____ / _____)

I confirm that I have read and fully understand paragraph (1) above, and that I have written my initials in the space provided by paragraph (1). I further confirm that if I did not fully understand paragraph (1), I requested and I received satisfactory clarification from one of SIPHC's officers before I initialed and signed this document.

Signature: _____ (First Named) Date: _____

Signature: _____ (Significant Other) Date: _____