

# MEMBERSHIP APPLICATION

PO Box 2020, Rohnert Park CA 94927



Please check appropriate boxes.

NEW MEMBER ( )

RENEWAL ( )

Family \$20.00 ( ) Includes spouse and children under 21 years old

Individual \$10.00 ( ) Must be 18 years of age or older

10% Senior Discount ( ) Must be 60 years or older

## FOR OFFICIAL USE ONLY

Membership Dues Received:

Year _____	Year _____
Year _____	Year _____
Year _____	Year _____
Year _____	Year _____

Name

Mr.

Mrs.

Birthday (Year Optional)

\_\_\_\_\_  
\_\_\_\_\_

Address

Home: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail : \_\_\_\_\_

Children's Names (If Applicable)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Birthday: **Please include year of birth**

(This is necessary to allow PAARP, at Christmas time, to shop for appropriate gift/s for your child/children, if still applicable.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I will abide by the PAARP Rules and By Laws.

Sign: \_\_\_\_\_

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

**NOTE: For privacy of members, directory will not be issued to anyone except to officers, who will use for PAARP official business only.**

Who referred you to PAARP?

\_\_\_\_\_

How did you learn about PAARP?

PAARP Newsletter \_\_\_\_\_

PAARP Website \_\_\_\_\_

Event Souvenir Program \_\_\_\_\_

Other (Please Specify)

\_\_\_\_\_

### PAARP MEDIA RELEASE

PAARP may from time to time, capture photographs and video of our participants at PAARP activities and events. Therefore, we request that you agree with the terms of our media release.

We hereby authorize and give our full consent to PAARP to copyright and/or publish any and all photographs, videotapes, film, web casts/podcasts, and any other form of visual/audio communications in which we appear while attending any official PAARP event. We further agree that PAARP may transfer, use or cause to be used, these above mentioned communications for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations. I hereby release, discharge and agree to save harmless PAARP including without limitation any claims for libel or invasion of privacy.

Signature/Date: \_\_\_\_\_

Please mail completed form together with your check payable to PAARP, to PO BOX 2020, Rohnert Park, CA, 94927.