



# CGRA - Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail  
Newsletter

Email  
Newsletter

Emergency  
Name & Phone # \_\_\_\_\_

Membership Fee:	New	Renewal
Individual	\$25.00	\$20.00
Family	\$35.00	\$30.00

Total Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Have you or any joining family members ever been members? If YES, please list names:

### NAMES OF FAMILY MEMBERS JOINING & DOB IF MINOR

1	DOB	4	DOB
2	DOB	5	DOB
3	DOB	6	DOB

### PLEASE READ AND SIGN RELEASE FORM BELOW

I/We \_\_\_\_\_ release CGRA and any individual sponsoring a CGRA function from any responsibility whatsoever resulting from theft, accident, injury, etc.... I accept full responsibility for my family and myself while attending any CGRA function.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rule Book Rcvd \_\_\_\_\_ Initials \_\_\_\_\_