



MEMBERSHIP APPLICATION & RELEASE

Annual dues of \$60 per person (or \$100 per couple) must be paid each year by January 1st. WFSO must have a completed and signed Membership Application & Release on file for each member.

New members joining after January 1st will have their dues pro-rated \$5 per month (\$8 per couple), including the current month through December of the current year.

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Membership Address *(as you would like to have listed in the Membership Roster, if different than Mailing Address):*

Home/Mobile Phone(s): _____

Work Phone(s): _____

E-Mail Address(es): *(for newsletter and events information)* _____

In consideration of my (our) participation in any function or activity of the Wine & Food Society of Oregon, Inc. ("WFSO"), a non-profit Oregon corporation, I (we) hereby release WFSO, its members, agents, officers, and/or directors, and each of them, from any and all liability for injury and/or damage which may be incurred by me (us) incident to, or as a result of, my (our) participation at any function or activity sponsored, conducted or carried on by WFSO, whether on public or private premises, and I (we) further hereby release any private host(s) at any such function or activity from any and all such liability. Further, I (we) hereby consent to the publishing of photos of my (our) guest(s) and myself (ourselves) on the WFSO web site. This release is binding on my (our) heirs, administrators, representatives and assigns.

I (WE) HAVE READ THE FOREGOING RELEASE OF LIABILITY, UNDERSTAND ITS CONTENTS AND ACKNOWLEDGE RECEIPT OF A COPY THEREOF. I (we) am (are) 21 years of age or over and subscribe to the covenants of the Wine & Food Society of Oregon, Inc. and to a code of civilized good taste and moderation.

Signature(s): _____

Date: _____ Amount Paid: \$ _____

My check is enclosed *(made payable to Wine & Food Society of Oregon).*

You are authorized to charge my Visa or MasterCard account # _____

Card Type (V/MC) _____ Expiration Date _____

Check here if you would like us to retain your credit card number on file to pay for future events.

WFSO Member Sponsor Name(s) _____

(Each new member must be sponsored by a current WFSO member.)

Mail completed application and payment to: Arlene Harwood, WFSO Membership Chair, 4511 N. Willamette Blvd., Portland, OR 97203
Questions: (503) 289-5089, or email harwoodint@juno.com