



MEMBERSHIP APPLICATION & RELEASE

Dues of \$60 per member (\$120 per couple) must be paid each year by January 31st. The Board of Directors has temporarily suspended the customary initiation. We must have a completed and signed Membership Application & Release on file for each member.

New members joining after January 31st will have their dues prorated \$5 per month per member (\$10 per couple) including the current month through the following December of the current year. *(For example, if you join in August you would owe \$25 in dues or \$50 per couple for August-December membership.)*

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: _____

Work Phone(s): *(First Name)* _____ *(Second Name)* _____

E-Mail Address: *(for newsletter distribution)* _____

Check here if you do not want your phone number(s) listed in our Membership Roster

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 internet website. 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): *(First Name)* _____ *(Second Name)* _____

Date: _____ Amount Paid: \$ _____

My check is enclosed

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

Card Type: _____ Expiration Date: _____

WFSO Member Sponsor Name(s): _____