

SINGLES IN AGRICULTURE

MEMBERSHIP APPLICATION



APPLICATION MUST BE FULLY COMPLETED BEFORE ACCEPTANCE.

Membership shall be limited to singles (NOT married), age 21 and over, who are EMPLOYED IN AGRICULTURE, who have a BACKGROUND IN AGRICULTURE, who have an INTEREST IN AGRICULTURE, or who are AFFILIATED WITH ONE OF THE VARIOUS BRANCHES OF AGRICULTURE. Must be national member before joining a chapter.

All applications are subject to review and approval. Your membership may be denied or terminated for cause at any time.

NAME _____ AGE _____ SEX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL ADDRESS _____

REFERRED BY _____

NEW MEMBER _____ RENEWAL MEMBER _____ If renewal, what is your MEMBERSHIP NUMBER? _____

CHOOSE ONE of the FOLLOWING TYPES OF MEMBERSHIP:

- _____ Basic Membership (Name and State listed in Directory).—\$25.00
- _____ Resume Membership with profile (Name, Address, with Profile* and Picture in Directory) - \$25.00
- _____ Coded Directory (First Name and Coded Number with Profile* and Picture in Directory) - \$25.00
- _____ Associate Membership (Singles No More, Couple Profile* and Picture in Directory) - \$25.00 per couple

*Profile—Briefly describe yourself below (what you would like your SIA friends to know about you) and include birthday and color photo. May include on separate page if more room is needed.

Unless specified in writing, received and filed by the National Office, SIA, its officers and office personnel can use all images of me as well as my name in association with said images for the express purpose of promoting SIA membership and its sanctioned activities.

SIGNATURE _____ DATE _____

*****CHAPTER AFFILIATION (Optional)*****

Chapter Affiliation (Optional) Please check chapters you would like to join, and include the chapter membership fee **along with the national dues**, as shown below.

- | | | |
|-------------------------------------|------------------------|------------------------------|
| _____ ILLINOIS—\$12.00 | _____ INDIANA—\$12.00 | _____ IOWA/WISCONSIN—\$12.00 |
| _____ KANSAS - \$12.00 | _____ MISSOURI—\$12.00 | _____ NEBRASKA—\$10.00 |
| _____ NORTHERN GREAT PLAINS—\$10.00 | _____ OKLAHOMA—\$10.00 | _____ ROCKY MOUNTAIN—\$12.00 |
| _____ TEXAS—\$12.00 | | |

Make check or money order payable to: SINGLES IN AGRICULTURE

Mail application form, payment and signed Liability Form from reverse side to:

Singles in Agriculture, P.O. Box 51, Lincoln, KS 67455-0051.

NATIONAL SIA Annual Dues \$ 25.00 **MUST be national member**
SIA Scholarship Donation \$ _____ **NO CASH ACCEPTED**
TOTAL Chapter Annual Dues \$ _____
TOTAL PAYMENT INCLUDED: \$ _____

Phone/Fax: 815.947.3559 email: singlesinaginc@gmail.com website: www.singlesinagriculture.org



SINGLES IN AGRICULTURE
RELEASE OF LIABILITY

I agree for myself _____, that, in exchange for participation in all national and chapter activities, which has been organized by Singles in Agriculture (SIA) to the following:

I agree to obey and observe any and all posted warnings and rules, and agree to follow any directions or oral instructions given by SIA, or the representatives, employees, or agents of SIA.

I understand that my time at any of the facilities may include various activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these activities and release SIA from any and all liability for injury, illness, loss, death or property damage resulting from the activities of my use of or presence upon the facilities whether caused by the fault of myself or other third party.

I agree to indemnify and hold harmless SIA, its affiliates and National Office, and its respective officers, directors, agents and employees from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of my use of or presence upon the facilities of SIA.

In the event of damages, I agree to pay for any and all damages that may be caused by me or my negligent, reckless, or willful actions.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

DATED: _____ SIA # (or Guest) _____

SIGNATURE: _____
(participant)

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____