



# MEMBERSHIP APPLICATION FORM

Please (√)  New  Renewal for Year \_\_\_\_\_

<b>Name</b>	
<b>Address</b>	
<b>Phone(C)</b>	(        )
<b>Phone(O)</b>	(        )
<b>Fax #</b>	(        )
<b>Email</b>	
<b>Referred by</b>	

<b>Classification of Member</b>	(√)	<b>Fee</b>	<b>Payment Method</b>
<b>*Annual Member</b>		<b>\$20</b>	
<b>Life Member</b>		<b>\$100</b>	

\* The membership year shall be for the calendar year January 1 to December 31.

### Statement of Waiver and Attestation

I hereby attest that all information indicated herein are true and correct to the best of my knowledge. Furthermore, I voluntarily accept the risks and assume all responsibilities from any untoward incident that may arise in the duration of my involvement as Member of Millbrae Cultural Committee.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*Please send check and completed form to  
Millbrae Cultural Committee  
P.O. Box 92, Millbrae, CA 94030**