

# TETRAHEDRON OUTDOOR CLUB

## MEMBERSHIP FORM



Membership is \$20 per person  
due on or before November 30<sup>th</sup>

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Include my email address in list available to other members      Yes              No

I have read and signed the waiver \_\_\_\_\_

Date \_\_\_\_\_

This form must be accompanied by a signed waiver.