



WEST STATE ARCHAEOLOGICAL SOCIETY, INC. TAMPA, FLORIDA

<http://www.wsas.club/>

MEMBERSHIP APPLICATION

1. A Single membership is \$35 annually and consists of only 1 person and must not be less than 18 years of age. The membership is for 1 calendar year from January 1st to December 31st of each year.
2. A Family membership is \$50 annually from January 1st to December 31st of each year and consists of only persons residing as a "Family" within the same household. (Father/Mother & Children 18&Under)
3. Each membership shall receive each month email notification with agenda or speaker info.
4. Each active member of the household, 12 years and older will be issued a membership card.
5. The membership application consists of an application form, and a release form. Both must be completed in full and prescribed dues paid at the time application is accepted by the membership chairperson.
6. WSAS, Inc reserves the right to reject or revoke an applicant's membership at any time, for due cause having been demonstrated. If membership is revoked, current paid membership dues will be refunded.

PLEASE PRINT ALL INFORMATION CLEARLY

NEW RENEWAL

Single Membership Family Membership

Primary Member
First Name _____ Last Name _____ Age _____ Month Born In _____

Secondary Member
First Name _____ Last Name _____ Age _____

Child member First Name _____ *Age* _____

Occupations _____

Address _____

City _____ State _____ Zip _____

Home phone # () _____ Cell # () _____

Email address _____

Critical Info: PLEASE PRINT CLEARLY

7/1/2018

Area(s) of interest and/or experience:

- Antique Bottles
- Beach Hunting (land)
- Beach Hunting (water)
- Coin Shooting
- Competition Hunts
- Fort/Battlefield Sites
- Fossils
- Ghost Towns
- History/Research
- Hunting for Treasure
- Indian Artifacts
- Relic Hunting
- Underwater Archaeology (SCUBA)
- Other:

Detectors Owned: _____

Makes & Types: _____

of Years Experience: _____

Own Boat? _____ Type/Size? _____

Own Camper? _____

Own SCUBA gear? _____

Archaeological excavation experience? _____

Would you be willing to give a presentation?

Yes() No()

If so, on what topic(s)? _____

TO BE COMPLETED BY CHAIRPERSON

Amount paid: _____ Cash: _____ Check: _____ Check #: _____ Date: _____

Expiration date: _____ # Membership Cards Issued: _____

Processed by: _____ Date: _____

RELEASE FROM ALL CLAIMS FORM:

(must be signed to participate in club hunts)

I, _____, the undersigned applicant, do hereby acknowledge that I, as a member of WSAS, Inc., those included on my membership, and my guest, will be engaged in and/or participating in activities which by their nature present one with the possibility of sustaining personal injury, property damage, and/or unanticipated loss.

I therefore do hereby release and forever indemnify WSAS, Inc., its officers, directors, and/or any other person(s) or parties charged with conducting its affairs, their heirs, representatives, and assigns from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action arising from any accident or occurrence resulting in personal injury, disability, property damage, and loss of damages of any kind having occurred in connection with any activity participated in or performed for or by WSAS, Inc.

I further acknowledge that I alone shall be responsible to advise my guest of said risk(s), conditions set forth in preceding, and take appropriate steps to secure their release of liability, prior to their participation in any WSAS, Inc. activity.

I am over the age of 18 years, I understand the terms of this release, and further agree to abide by all rules, regulations, and code of conduct as set forth by WSAS, Inc..

Witness

Date

Signature of Applicant

Witness

Date

Date