



Please Print
MEMBERSHIP APPLICATION

Revised 02-2017

PO Box 76240
Washington, DC 20013
WWW.SIGMADC.ORG

Name: (Required)

(Last Name) (First Name) (Nickname if used)

Address: (Required)

(Street Address) (State) (Zip Code)

I give my permission to send any SigMa correspondence to the address listed above

If you wish to be contacted by email, please PRINT CLEARLY the email address you would like SigMa to use:

EMAIL:

PLEASE INDICATE WHAT TOPICS SigMa MAY CONTACT YOU ABOUT

- ALL Email Correspondence Upcoming Events Education/Discussion Groups Membership Updates/Issues

Please indicate if you would be willing to participate in any of the following areas of SigMa activities:

- Board Member Fund raising/Donations Legal/Policy Support
Community Outreach Community Outreach Assistant
Website Support Artwork/Graphics Writing/Editorial
Discussion Group Leader Discussion Group Assistant
SM 101 Instructor SM 101 Demo Assistant Medical/Safety/DM
Membership Recruiting Social Networking Assistant Clubhouse Maintenance
Event Coordinator Event Assistant Equipment Repair/Building

RELEASE (Signature and Date are Required)

This is to acknowledge that I participate freely and voluntarily in the events and activities sponsored, hosted or sanctioned by SigMa, Inc. I understand the nature and extend of such participation and specifically assume any and all such risks that participation may involve or entail. I agree to hold SigMa, Inc, the Board of Governors, officers, agents and representatives, as well as those providing the premises and facilities for such activities and events, harmless for any and all personal injury or loss of personal property resulting from my participation.

I certify that I am twenty one (21) years of age or older.

I acknowledge that I have read and understand this release.

Signature

Date