



Please Print
MEMBERSHIP RENEWAL

PO Box 76240
Washington, DC 20013
WWW.SIGMADC.ORG
202-728-7589

NAME: (Required)

(LAST NAME)

(FIRST NAME)

(NICKNAME)

ADDRESS: (If the address not changed - please indicate (NO CHANGE))

(Street Address)

(State)

(Zipcode)

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

If you wish to be contacted by email, place print the email address below:

EMAIL:

PLEASE INDICATE WHAT TOPICS OR LEAVE THE EMAIL SECTION BLANK

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

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

- Board Member, Event Assistant, Fundraising/Donations, Community Outreach, Community Outreach Asst., Legal or Policy, Discussion Group Leader, Discussion Group Asst., Medical/Safety, SM101 Instructor, SM101 Demo Asst., Writing/Editorial, Clubhouse Maintenance, Social Networking Asst., Handyman/Electrician, Membership Recruiting, Artwork/Graphics, Handyman/Plumber, Event Coordinator, Website Support, Equipment Repair/builder

RELEASE (Signature and date is 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 extent 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 or age or older.

I acknowledge that I have read and understand this release.

(Signature) (date)