



**TIDEWATER APPALACHIAN TRAIL CLUB**  
**P.O. Box 8246**  
**Norfolk VA 23503**



MEMBERSHIP APPLICATION

I have read, understood and signed the TATC "Waiver and Release of All Claims" statement on the reverse of this form.

Date of Application \_\_\_\_\_

MINIMUM AGE FOR MEMBERSHIP- 18 YEARS OLD

NAME(s): \_\_\_\_\_  
 Last First (one name for Single or two names for Family Members)

ADDRESS: \_\_\_\_\_  
 Street/P.O. Box \_\_\_\_\_  
 City State Zip

Primary Telephone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

<u>Membership Dues:</u> (Check Appropriate Entry)	<u>Single:</u>	<u>Family:</u>
New Members (March 1 <sup>st</sup> - August 31 <sup>st</sup> - Full Year)	___ \$20.00	___ \$30.00
New Members (After September 1 <sup>st</sup> - Half Year)	___ \$13.00	___ \$20.00
Membership Renewals (March 1 <sup>st</sup> - April 30 <sup>th</sup> )	___ \$15.00	___ \$23.00
Life Membership (One Time Fee)	___ \$300.00	___ \$460.00

Note: Members who do not renew their membership between March 1st and April 30th will be considered as new members and will be required to pay new member dues.

Yearly membership is from March 1st to February 28th.

I AM INTERESTED IN THE FOLLOWING ACTIVITIES (check as many as desired):

<input type="checkbox"/> Hike/Trip Leader	<input type="checkbox"/> Local Area Trails Committee
<input type="checkbox"/> Trail Maintenance	<input type="checkbox"/> Outreach Committee
<input type="checkbox"/> A.T. Land Management Committee	<input type="checkbox"/> Publicity Committee
<input type="checkbox"/> Social Committee	<input type="checkbox"/>

How did you find out about TATC? \_\_\_\_\_

**TIDEWATER APPALACHIAN TRAIL CLUB  
WAIVER AND RELEASE OF ALL CLAIMS**

I know that outdoor activities conducted by the Tidewater Appalachian Trail Club, a Virginia nonprofit corporation, are potentially hazardous. I should not participate unless I am medically able and properly trained and properly equipped. I agree to abide by any decision of an activity leader relative to my ability to safely complete the activity. I assume all risks associated with participating in any activity, including but not limited to, falls, contact with other participants, effects of the weather, including heat and humidity, traffic and road conditions, trail and river conditions, and all other risks, known or unknown. Having read this waiver and knowing these facts and in consideration of participating in an activity, I for myself and anyone entitled to act on my behalf, waive and release the Tidewater Appalachian Trail Club, its officers and directors, volunteers, activity leaders, and co-participants in any activity, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in an activity. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of an activity for any legitimate purpose. A copy of the TATC Bylaws can be found on the club's website: [www.tidewateratc.com](http://www.tidewateratc.com)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Participant's Signature

**CLUB USE ONLY:**

Signature(s) on Waiver \_\_\_\_\_  
Paid by: Check \_\_\_\_\_ Cash \_\_\_\_\_  
Date Received by Membership Committee \_\_\_\_\_  
Date Membership Card & Packet Issued/ Sent \_\_\_\_\_  
Date Entered on Mailing List \_\_\_\_\_