

AQU MEMBERSHIP APPLICATION

NAME_____

ADDRESS_____

PHONE
NUMBER(S)_____

EMAIL_____

PLEASE COMPLETE THIS FORM AND FORWARD TO:

Art Quilters Unlimited, Inc

PO Box 07043

Ft. Myers, FL 33919

Because we meet in a Lee County Facility, we are required to forward a new release form every year to the Alliance for the Arts. Please be sure to sign below!

The signatory hereby holds the **Lee County Alliance For The Arts, Inc.** and any of it's subsidiaries or associate organizations or persons acting on it's behalf harmless for any bodily injuries sustained or for loss or damage of any personal articles while on the premises or participating in any activity sponsored by the LCAA, it's subsidiaries or associate organizations on the Alliance grounds. The signatory further agrees that in the event medical attention is required due to an accident or illness and the contact person is unreachable, the LCAA shall be permitted to seek such medical services as it shall deem necessary and appropriate through EMS/911 an/or local hospitals. I acknowledge all the above conditions and agree to them upon signature below.

SIGNATURE_____DATE_____