**Boeing Employees' Rifle and Pistol Club Waiver for 20\_\_\_\_**

Print and fill out this waiver, obtain the signature of each member, attach $10 (cash or check made out to *Boeing Employees’ R&P Club*) for the annual dues (if required), and mail it to one of the addresses listed on the Membership page of the BERPC-STL website (www.berpcstl.com/membership.php).

**Member**

|  |  |  |
| --- | --- | --- |
| Name: | *last, first, middle initial* |  |
| Type: | Employee Retiree Affiliate | *(circle one)* |
| Personal Email: |  | *(non-Boeing email only)* |
| Phone: |  | *(optional)* |

**Additional Members** (refer to *www.berpcstl.com/membership.php* for type descriptions)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *last, first, middle initial* |  | *signature* |
| Type: | Spouse/Partner Affiliate-Spouse/Partner Family -Minor Family-Adult Special *(circle one)* |
| Name: | *last, first, middle initial* |  | *signature* |
| Type: | Spouse/Partner Affiliate-Spouse/Partner Family -Minor Family-Adult Special *(circle one)* |
| Name: | *last, first, middle initial* |  | *signature* |
| Type: | Spouse/Partner Affiliate-Spouse/Partner Family -Minor Family-Adult Special *(circle one)* |
| Name: | *last, first, middle initial* |  | *signature* |
| Type: | Spouse/Partner Affiliate-Spouse/Partner Family-Minor Family-Adult Special *(circle one)* |

**Note:**

Family members joining as Spouse/Partner or Dependent members must reside at the sponsoring member's address. They must qualify as a spouse/partner or dependent as defined by the IRS and under the Boeing Benefits Plan.

**Terms of Membership:**

I and my family members understand that participation in this activity is voluntary.

I/we agree by our signature(s) to hold Boeing harmless for any and all liability for any injuries, including death, which might be sustained while participating in this activity.

This release does not affect any benefits to which I am/we are entitled under the Boeing Benefits Plan.

I/we understand the following conditions concerning annual dues:

* Dues will not be pro-rated.
* Dues will not be refunded for voluntary or involuntary termination of employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Signature:** |  | **Date:** |  |