



P.N.M. Zoomers
2019 Membership Application
Please print clearly.

Membership # _____ Date: _____

Full Member (over 50) Associate Member (under 50)

Name: _____

Street Address: _____

City: _____

Postal Code: _____ Phone: _____

E-Mail: _____

(if you do not want Zoomers info. via e-mail, please do not provide your e-mail address)

Check your Current Zoomer Activities: Exercise Class
 Line Dancing Book Club Potluck/Luncheons Other

A NOTE ABOUT RISK:

Every activity/program carries with it a degree of risk, and sometimes participants are injured. The P.N.M. Zoomers does what it reasonably can to minimize risks, and I understand and accept that I share that responsibility. By signing this form, I agree to abide by the posted rules, to advise staff immediately if I observe a dangerous situation and to exercise reasonable caution in my activities. I understand that the P.N.M. Zoomers will deny any liability if I am injured due to an accident or my own behaviour.



Signature: _____