



Southeast Idaho Singles, Inc.

www.southeastidahosingles.com

email: sisover40@gmail.com

Membership Application

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____ @ _____

Phone: _____ (to contact you about activities)

Birthdate: Month ____ Day ____

Please List Your Activity Interests: _____

Would you be interested in organizing and/or leading an activity? _____

LIABILITY WAIVER

I, _____ (print name) agree that Southeast Idaho Singles, Inc. (SIS) shall not be responsible for any lost or stolen articles, or for injury of any kind to my person or to my property occurring from participation in any SIS group activity. I hereby agree to release, save, hold harmless, and indemnify SIS for any and all claims of loss, injury or damage, suit, action, demand, fine, judgment or decree as a result or consequence of having participated in an SIS group activity. I understand that SIS does not carry an accident or health insurance policy on participants.

Signed: _____

Date Signed: _____

Membership Fee: \$10 - January 1 – December 31, membership fees accepted year round

All memberships expire on December 31. Submit completed application and your membership fee to an SIS officer or mail to:

**Southeast Idaho Singles, LLC
% Carol Browning
7616 N 15 E
Idaho Falls ID 83401**

Cash _____ Check# _____