

BOARD OF EDUCATION MEMBERSHIP FORM

Use blue ink

3319 Greenfield Rd #481 Dearborn, MI 48120

This membership expires 03/31/2019

New Member Renewing Member

Legal Name _____ DOB: _____

Name Preferred on Card _____ FetLife ID _____

We are required to send yearly membership forms and voting ballots to the below listed address

Mailing Address _____ City _____ State: _____ Zip _____

E-Mail: _____ Phone: _____ **Optional**

Are you interested in volunteering? () Yes () No Skills: _____

Did someone refer you to the BOE? Please use their scene/screen name: _____

SIGNATURE: _____ **DATE** _____

By completing and signing this form I am agreeing to the following:

I am at least 18 years of age and I am not acting in the capacity of or in association with any law enforcement, media or religious organization. By my signature here, I hereby assume all risks incidental to my attendance at Board of Education (BOE) Events. I give my consent to necessary mailings at the above listed address. I agree to abide by all Board of Education Policies and Procedures and to obey all published Event Rules. I agree to hold harmless the Board of Education, its Board of Directors and Officers, agents and any facility in which Board of Education hosts an event for any injury to person or property which may occur incident to my attendance. Any falsification of this form or of the signatures will result in suspension of membership without refund. Memberships are not transferable or refundable. I understand that my membership is contingent upon approval and can be revoked, suspended, terminated, or denied at any time.

Communications

Most communications are sent by email. By providing an email address you consent to receive weekly emails and other official club business by email unless we are notified otherwise in writing. Election ballots and renewals are normally sent by US Mail. Personal identifying information will only be shared with the required personnel. Original Forms will be kept in a locked and secure location.

This Option Will Relinquish Your Voting Benefits

____ My initials indicate my choice not to receive BOE postal mail. I understand that by choosing this option I relinquish my BOE member voting benefits and will take responsibility for picking up my BOE Membership card directly from the Membership Chair

(CircleOne)

Yearly Membership \$45

After 2 consecutive years can run for Board
2 vouchers for a FREE Tuesday Night class
Voting privileges to elect Board Members
BOE Newsletter
Discounts to BOE Classes and Parties
Discounts to Lifestyle Vendors
A Voice at BOE Town Hall Meetings

Lifetime Membership \$500

After 2 consecutive years can run for Board
All Tuesday Night Classes are FREE plus 2 vouchers
Voting privileges to elect Board Members
BOE Newsletter
Discounts to BOE Classes and Parties
Discounts to Lifestyle Vendors
A Voice at BOE Town Hall Meetings

FOR INTERNAL USE ONLY:

Membership#: _____ Membership Type _____ Payment _____ Cash Credit
Circle Form of Payment

ID Verified By: _____ Payment Taken By _____