



BAMC AUXILIARY



MEMBERSHIP FORM

Stay connected and informed online, search BAMC Auxiliary on Facebook

Name: _____

Address: _____
City State Zip

Email: _____

Home Phone: _____ Cell Phone: _____

Birthday: (MM/YYYY) _____

DoD Sponsor: Self Spouse Parent Other _____

DoD Sponsor's Rank, Service, Branch, and Unit or Department: (ex. E6, AF, JAG, Finance)

Membership: Full year (\$20) Half year (after 1 JAN; \$10) I am: A new member
 Honorary/Supporting Renewing my membership

How did you first hear about the BAMC Auxiliary? _____

If you were referred by a current member, please list their name here: _____

HOW TO GET INVOLVED:

Please check activities that interest you. This does not obligate you to volunteer or attend an event.

- Family Aid Support Team (FAST): Make a meal for an Auxiliary family in need
- Warrior & Family Support Center (WFSC): Help serve or donate food to be served at monthly WFSC meals
- Volunteer with Kernel Club: popping popcorn in the medical mall at BAMC
- Host a social or service event
- Serve on the Auxiliary General Board
- Serve on a committee:
 - Service: Help plan monthly service projects
 - Social: Help plan monthly events

MAILING INSTRUCTIONS

Make check payable to: **BAMC Auxiliary**

Mail application and check to: BAMC Auxiliary, PO Box 340539, San Antonio, TX 78234

Please read and sign the waivers on page two of this application and include them in the mailing.

| |
|----------------------|
| For Office Use Only |
| Date Received: _____ |
| Date Entered: _____ |
| Check#/Cash: _____ |

RELEASE OF PHOTOGRAPHS AND/OR PERSONAL INFORMATION

By signing this document, I authorize the Brooke Army Medical Center Auxiliary, (hereinafter "Auxiliary", to photograph and/or release my name, address, email address and phone numbers (hereinafter "Member photo/personal information".) The Auxiliary may use such Member photo/personal information in any media, whether through exhibition, distribution, reproduction, or otherwise, and may include my name, likeness, image, voice, appearance, and performance. The Auxiliary may edit such Member photo/personal information as it wishes and may use the Member photo/personal information or excerpts therefrom for promotional and any other purposes. The Auxiliary shall hold and own all right, title, and interest in and to the Member photo/personal information.

I waive all rights under privacy, publicity, defamation, and proprietary rights relating to the Member photo/personal information. The Auxiliary may transfer or license any of its rights hereunder. I represent that I have the right to use the text, materials, and other information I present and will release and hold the Auxiliary harmless against all claims, liabilities, and expenses arising out of the breach of this representation.

I have read and understand the terms and conditions of this Release.

Signature: _____

Print name: _____ Date: _____

I do NOT authorize the release of photographs and/or personal information in the manner stated above unless written and/or verbal permission is granted by me the instance it is being requested.

Signature: _____

Print name: _____ Date: _____

WAIVER AND DISCHARGE OF LIABILITY

I hereby release the Brooke Army Medical Center Auxiliary (hereinafter "Auxiliary") and its agents and/or representatives from any and all liability, causes of action, suits for property damage, bodily injury, death and all other claims arising out of participation in the Auxiliary. The Auxiliary has no liability regarding adequacy of medical care, equipment, supplies, or lack of evacuation capability.

The Auxiliary is released from claims for harm caused by other participants. At the sole discretion of the Auxiliary Board, changes in programs may be made and any participant may be excluded for safety, medical, other reasons.

Agreement to Arbitrate: Any controversy or claim arising out of this Agreement shall be settled by binding arbitration.

Signature: _____

Print name: _____ Date: _____