

FORCES OF THE EMPIRE

MEMBERSHIP APPLICATION

Please print legibly. Send this application and your dues (no cash, please) Carla Rodriguez
22671 Garrison St #B1 Dearborn MI 48124

Name:	Birthday:	
Email:	<i>Official Use Only</i> Date received _____ Acknowledgment Mailed _____	
Phone:		
Address:	Ph #()	
City, State, Zip or out or Country Address	Amount enclosed	
Renewal? Yes _____ No _____	Membership type Regular: _____ Spouse/Roommate: _____	Check # _____ Money Order# _____

Membership dues for Forces of the Empire are payable annually on the anniversary date of joining the organization.

REGULAR MEMBERSHIP: \$8.00 US per year
SPOUSE/ROOMMATE MEMBERSHIP: \$2.00 US per year

Regular receive access to the Members only Web Site, have full voting rights, receive a two dollar (\$2.00) discount on the Blaster Battle Role Play participation fee, held at MediaWestCon*, and access to the FOE e-mail lists. Spouse/Roommate members receive the same rights as Regular members.

All applicants, whether new or renewing, must read and sign the following waiver. If the member is under eighteen (18) years of age, the parent or legal guardian must sign on behalf of the minor applicant.

I UNDERSTAND THE FORCES OF THE EMPIRE ORGANIZES AND HOSTS LIVE ACTION ROLE PLAY ACTIVITIES. I AGREE THAT I DO NOT AND WILL NOT HOLD FORCES OF THE EMPIRE OR ALTERNATE UNIVERSES INTERACTIVE LITERATURE ASSOCIATION, INC., THEIR TRUSTEES, OFFICERS, OR MEMBERS LIABLE FOR ANY INJURY I MAY INCUR WHILE PARTICIPATING IN SAID EVENTS. BY SIGNING BELOW I BIND MYSELF TO THIS AGREEMENT.

Signature _____ Date _____

PLEASE LIST YOUR CHARACTERS AND DIVISIONS BELOW/ use extra paper if necessary
