

FORCES OF THE EMPIRE

MEMBERSHIP APPLICATION

Please print legibly. Send this application and your dues (no cash, please) to AUILA/FOE, c/o Zena Carson, P.O. Box 131071 Dayton, Ohio 45413-1071 Make Checks Payable to "AUILA/FOE"

Name:		Birthday:
Email:		<i>Official Use Only</i> Date received _____ Acknowledgment Mailed _____
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: \$16.00 US per year **Canada \$20.00 US per year/Overseas \$25.00 US per year**
 SPOUSE/ROOMMATE MEMBERSHIP: \$ 4.00 US per year

Regular members receive four (4) quarterly issues of "Bound by the Force", have full voting rights, receive a two dollar (\$2.00) discount on the Blaster Battle Role Play participation fee, held a MediaWestCon* (which you MUST be a member of MediaWestCon*), and access to the FOE internet email lists and internet website password

Spouse/Roommate members receive the same rights as Regular members but do not receive a separate "Bound by the Force".

In an effort to cut back on club costs, Forces of the Empire offers two (2) ways in which you can receive your newsletter Electronic off the Web Page and Printed.

How do you wish to receive your copy of the Newsletter?: Electronic _____ Printed _____

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
