

HVJWC Membership Enrollment Form and Liability Release  
**Please fill out the below or register at [www.hvjwc.com](http://www.hvjwc.com)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Children's Names and Birth dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\*\*\*\*\*E-Mail Address: \_\_\_\_\_ \*\*\*\*\*REQUIRED

Your interests and hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I would be interested in talking or giving a presentation at a monthly meeting on:

\_\_\_\_\_  
\_\_\_\_\_

What kind of programs, workshops, or events would interest you?

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand that my participation and the participation of any members of my family in any HVJWC activity or program is completely voluntary, and we hereby give permission for myself and my family to join in those activities or programs. My family shall hold harmless HVJWC, any HVJWC volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Questions?  
Contact Club President  
Mrs. Rose Nihill • [rnihill@comcast.net](mailto:rnihill@comcast.net)  
or  
Club Vice President

Mrs. Adriane Thomson • [apt@mediaadvantage.com](mailto:apt@mediaadvantage.com)

**Please fill out the above and mail to 2414 Walton Rd  
Huntingdon Valley, PA 19006  
or register at [www.hvjwc.com](http://www.hvjwc.com)**

This information may be included in the group roster or newsletter. It will also help us plan future activities. If you have an idea for the group, please discuss it with a member of the board.