

# SPORTCAST USA, INC 2012

## Application For Membership

*The 2012 annual dues for an Individual Membership is \$30.00 and for a Family Membership is \$40.00. The payment must be received by Close Of Business on May 1, 2012 in order to participate in the Workshop / Tournament to be held on May 5 & 6, 2012. There is a \$10.00 late registration fee for applications received between May 2 and 9:00 AM on May 5, 2012. Please make checks payable to: Sportcast USA, Inc mail to: Don's Tackle, PO Box 1185, Kailua, Hawaii, 96734*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Check one:  Individual  Family

Enter names and relationship of family members if this is a Family Membership. Family members include your spouse and your children under 18 years old.

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

Spouse's email address \_\_\_\_\_  
Enter names of Sportcast USA members who you personally know.

\_\_\_\_\_

Membership in Sportcast USA is subject to the recommendation of the Membership Committee and approval of the Board of Directors. All information on this form will be used only for internal Sportcast USA communications.

*I agree to follow the Constitution, By-Laws, and Tournament Rules of Sportcast USA and in consideration of participation in Sportcast USA activities and/or events, I hereby indemnify and hold harmless and release Sportcast USA, Inc, its Officers, Directors, Members, and Agents from any and all liability for any injury suffered by myself, spouse, or minor child, arising from or connected with Sportcast USA, Inc activities or events. . I assume all risk for any injury received and agree to hold Sportcast USA, Inc harmless from any and all cost, expenses, and attorney fees incurred in connection with any action, claim, or demand brought thereon.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
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Amount Received \_\_\_\_\_ Recorded By \_\_\_\_\_ Date \_\_\_\_\_

Membership Committee Recommendation: Yes /No \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Board of Directors Approval: Yes/No \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_