

KNOW MEMBERSHIP APPLICATION AND LIABILITY FORM

www.kynow.org

Please complete this form and mail to

KNOW

P.O. Box 1721

Frankfort, KY 40602

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Email: _____

Previous Member: Yes / No _____ How did you hear about KNOW? _____

What outdoor activities are you interested in? _____

How did you hear about us? _____ DOB _____

Please check the following option(s):

- () **Renew** my membership. \$25.00 or *\$30.00 after March 1st, current year
- () **Join KNOW.** Please include a check for \$25.00
A regular Membership year runs from Jan. to 1st, 2010 to Dec. 31st
- () **Late year Join** If you join between Oct. 1st. and Dec. 31st
of the current year dues are \$10.00.
- () I would like a year subscription to the KY Afield Magazine (sent quarterly) to be included with my membership for an additional fee of \$5.00

Liability Release: _____

I agree to take full responsibility for my involvement in all KNOW events and activities.
I understand that I will be required to complete a liability release form upon attending all KNOW events.

Signature: _____ Date: _____

*Note :For returning members please submit by Jan.31st of current year. Add a late fee of \$5.00 for renewals after March 1st, of current year