Blue Ridge Naturalist Network

Membership Application

New Member? Renewal?	individual(\$15	o) Household(\$25)_	
First name:			_
Best phone number:			
E-mail address (please print care	efully!):		
Street Address:			
City:	State:	Zip:	
The purpose of BRNN is to foster issues based on scientific observations. Please tell us about	ation and evidence in t	•	
Are you currently associated with as a Student Graduate			ication program
If you have particular skills that institutions that have a science-r	_		rganizations or
By signing this form, I acknowledge a risk that serious physical injury at to, trips and falls, water hazards, with animals and poisonous plant assume total responsibility for my during activities coordinated by or indemnify the Blue Ridge Natura responsibility and liability for all experience as a result of participation.	nd personal property dan , severe weather conditi s. I agree to assume su own safety and well-bein on behalf of Blue Ridge alist Network, and its injuries or losses that	nage can occur. Risks include, fons, dehydration, over-exert ich risk, to exercise reasonang, and that of any person ur Naturalist Network. I release officers, members and age	, but are not limited tion and encounter able caution and to nder my supervision e, hold harmless and nts from any lega
Signature:		Date:	
Places mail this form to: Blue Pi	dan Naturalist Notwork	Pov F2 Ashavilla NC 200	ກາ

Checks should be made payable to Blue Ridge Naturalist Network.