



Robins Spouses' Club Membership Form 2023-2024

P.O. BOX 6844 Warner Robins GA 31095

Name: _____

Address: _____

Phone: _____ **Email Address:** _____

Date of Birth: (mm) _____ (dd) _____ **Organization/Unit Associated With:** _____

Sponsor: (Please Circle) AD/Guard/Reserve/GS/Retired

Emergency Contact Name: _____

Phone: _____

Date of Application: _____ **New Member:** **Returning Member:**

Involvement/ Service

I am interested in serving on the RSC Board of Governors in the upcoming year

- | | |
|---|--|
| <input type="checkbox"/> Administrative Financial Officer | <input type="checkbox"/> Philanthropic Financial Officer |
| <input type="checkbox"/> Parliamentarian | |

I would like to be contacted about serving on a committee

- | | |
|---|--|
| <input type="checkbox"/> Admin. Fundraising Committee | <input type="checkbox"/> Admin. Budget Committee |
| <input type="checkbox"/> Philanthropic Budget Committee | <input type="checkbox"/> Blue Boutique Committee |
| <input type="checkbox"/> Thrift Shop Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Grants Committee | <input type="checkbox"/> Scholarships Committee |
| <input type="checkbox"/> Events Committee | <input type="checkbox"/> Gnoming Committee |

Mini Group Interest

I would like to be a part of these Mini Groups (please indicate which one[s]):

- Book Club Games and Outdoor Activities Arts & Crafts
- RSC Kids Beyond the Plate Bunco

Mini Group Point of Contact Please let us know if you are interested in joining these groups to be considered for the designated RSC Point of Contact position:

- Book Club Games and Outdoor Activities Arts & Crafts
- RSC Kids Beyond the Plate Bunco

I am interested in volunteering at:

- The Blue Boutique The Thrift Shop

Membership dues are \$40.00 (A \$2 processing fee will be added for payments with CC/Debit Cards. Please make checks out to RSC Admin.)

In addition to my membership, I would like to donate to the Angel Fund to offset membership cost for others who need financial help and would like to join the RSC: \$ _____

___ Yes, please send me a monthly RSC Newsletter

Email address: _____

Please initial the following:

_____ I, the undersigned, understand that my participation and the participation of my child/children in any Robins Spouses’ Club activity is completely voluntary on my part, and I hereby give my permission for myself and my child/children to join in those activities. I shall hold harmless the RSC, its volunteers, employees, paid or unpaid representatives, and/or the providers of the meeting/activity location from any liability or responsibility for any accident, illness, or injury that occurs during or as a result of those activities. I accept that the final responsibility for my safety and that of my child/children rests with me.

_____ I give permission for my name, address, email, phone number(s), and birthday to be published in the RSC directory.

_____ I give permission for my photo to be used in any RSC publication including but not limited to email updates, the RSC website, RSC Facebook page or RSC Instagram Account.

_____ I understand that per RSC bylaws, if I RSVP yes to a function that has a cost, I am responsible for the cost (and that of my guest) if I am unable to attend unless I cancel by the RSVP date.

_____ By signing this membership application, I acknowledge that I have read the constitution and bylaws and that as a member of Robins Spouses' Club I am jointly and severally liable for this organization's debts in the event that the RSC's assets are insufficient to discharge liabilities.

Member Signature: _____

Date: _____

RSC USE: **Paid:** YES / NO

Payment Method: Card/Cash/Check # _____

Application Accepted by: _____ **Date:** _____

This is a private organization. It is not a part of the DoD or any of its components and has no government status. IAW 34-223