Solano Winds Season 31 Membership Information

I	Returning Member	New Member
FULL NAME		
(print legibly)		
ADDRESS	Street:	
	City, Zip	
EMAIL ADDRESS		
MOBILE PHONE		
HOME PHONE/OTHER		
INSTRUMENT(s)		
OCCUPATION		
EMERGENCY CONTACT		
(non-band member)		
 for publicity purposes. I agree to participate in Solate I understand that the Solano will support the activities of administered by the Govern I am voluntarily participating and I agree to release and he fellow volunteers from any hereafter be sustained by me participation in any and all States I will participate in at least of I understand that the scope of making and supportive tasks volunteer. The Solano Windowship will be solved in the scope of the solution of t	ano Winds activities as outled Winds is a 501(c)(3) non- f the Solano Winds conducting Board, its Bylaws and the gin Solano Winds activities old harmless the Solano Winds and all liability for loss, injugate as a result of, or directly of Solano Winds activities or some volunteer support opports a volunteer's relationships and that no compensation ds will not provide any benchis/her own insurance and of a volunteer's service to the	es, without compensation, and at my own risk ands, its Governing Board, staff, agents and ury, disease or damage that has been or may or indirectly related to my volunteer functions. Trunity. To with the Solano Winds is limited to music is expected in return for services provided by a sefits associated with employment; and that a medical coverage in the event of personal harm
and Conditions in the	-	blano Winds and agree to abide by the <i>Terms</i> listed above in this <i>Membership Form</i> .
Signature:		Date:
For office use only: Paid □		Folder #