



Names(s) \*: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone \* : \_\_\_\_\_  
 Email \*: \_\_\_\_\_

Do you want to receive River Dipper information/schedule updates at this e-mail address? YES  NO

Interests\*: \_\_\_\_\_

(Activities you would like to participate in with the group.)

\* I (we) would like my (our) information to be included in the next edition of the River Dippers Contact Directory: YES  NO

Are you currently a member of The Naturist Society? YES  NO

If Yes, please list your TNS membership # \_\_\_\_\_ expiration date \_\_\_\_\_

	1 Year Membership	2 Year Membership	Total
River Dippers membership:	\$15	\$30	\$
Add a TNS membership:	Add \$65	Add \$120	\$
Qualify for TNS discount*:	Subtract \$10	Subtract \$20	\$
<b>* 65+ or (18 – 25) (Proof of age required) / disabled veteran</b>		Donation	\$
		<b>Total</b>	<b>\$</b>

How to contact us:

For general information and requests for update to any information contained in this application, send email to [riverdippers.membership@gmail.com](mailto:riverdippers.membership@gmail.com)

**\* Megan's Law checks will be conducted with each renewal request. Therefore, the address where you reside MUST be included on this form.**

River Dippers now accepts contributions from PayPal. Send your contribution @ <https://paypal.me/RiverDippers>

**LIABILITY RELEASE AGREEMENT**

I acknowledge that there are risks of personal injury associated with hiking, camping, canuding, and other activities, whether or not organized by River Dippers, and do hereby assume any and all risks for any said personal injury I and/or my family may sustain while engaging in said activities, and do hereby release and forever discharge River Dippers, its officers, and members from any action, suits, damages, claims, and/or judgments that may result from any and all personal injuries I or my family may sustain while engaging in said activities, or in going to or from said activities. This release is binding upon me, my heirs, and assigns.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Applicant(s) Date: \_\_\_\_\_

Send to: River Dippers, P.O. Box 214513, Sacramento, CA 95821-0513