



Texas Outdoors Woman Network

7430 Courtside Dr. Garland TX 75044

# Membership Form

www.towndallas.org

Please complete the following membership form and survey so we can plan programs and activities to meet your needs.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Please include me in the TOWN membership directory:  Yes  No

I have read, understood and accept conditions set forth in the liability waiver as stated on the back of this form and on our website. I also agree to abide by the T.O.W.N. rules as described on the T.O.W.N. website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check your favorite activities to be printed in the membership directory.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Archery         | <input type="checkbox"/> Backpacking     | <input type="checkbox"/> Bicycle Touring | <input type="checkbox"/> Bird Watching    |
| <input type="checkbox"/> Camping         | <input type="checkbox"/> Canoeing        | <input type="checkbox"/> Climbing        | <input type="checkbox"/> Conservation     |
| <input type="checkbox"/> Fishing         | <input type="checkbox"/> Fly-fishing     | <input type="checkbox"/> Hiking          | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Kayaking        | <input type="checkbox"/> Knot Tying      | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Mountaineering   |
| <input type="checkbox"/> Natural History | <input type="checkbox"/> Nature Crafts   | <input type="checkbox"/> Orienteering    | <input type="checkbox"/> Outdoor Cooking  |
| <input type="checkbox"/> Plant ID        | <input type="checkbox"/> Photography     | <input type="checkbox"/> Rappelling      | <input type="checkbox"/> Rowing           |
| <input type="checkbox"/> Sailing         | <input type="checkbox"/> Scuba Diving    | <input type="checkbox"/> Skiing          | <input type="checkbox"/> Snowshoeing      |
| <input type="checkbox"/> Wild. First Aid | <input type="checkbox"/> Survival Skills | <input type="checkbox"/> Other _____     |   |

We would love to include more information in the directory to assist our members with networking or to promote special skills or services. (optional)

Occupation \_\_\_\_\_ Special \_\_\_\_\_ Skills/Services \_\_\_\_\_

Would you be willing to share your expertise with the group on any of the above activities?

Yes, I could teach the following \_\_\_\_\_

No, but I know someone who could teach \_\_\_\_\_

Would you be willing to serve on a committee? \_\_\_\_\_, Interests? \_\_\_\_\_

Would you be interested in being a trip leader? \_\_\_\_\_, Type of Outing \_\_\_\_\_

Are you CPR or EMT certified? CPR \_\_\_\_\_ EMT \_\_\_\_\_

### Membership Fee

\$20 per year. Please make checks payable to T.O.W.N. \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

Entered into database \_\_\_\_\_

