



# **SOUTHWESTERN PROSPECTORS AND MINERS ASSOCIATION**

## **PRINT & MAIL MEMBERSHIP FORM**

**NEW MEMBERS: ONE-YEAR PER FAMILY \$55.00**

**RENEWING MEMBERS: ONE-YEAR PER FAMILY \$45.00**

Renewals must be received within 60 days of expiration date.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

☐ New Member \$55.00      Payment \$ \_\_\_\_\_      Cash ☐  
☐ Renewal \$45      Rec'd by \_\_\_\_\_      Check # \_\_\_\_\_

Please make your check payable to the S.P.M.A. and mail it to:

P.O. BOX 904, La Mesa, CA 91944-0904

Please sign up for emails and our **ASSAY Newsletter** at [www.spma-gold.org](http://www.spma-gold.org)

### **REQUIRED ACCIDENT WAIVER AND RELEASE OF LIABILITY AGREEMENT**

I HEREBY ASSUME, FOR MYSELF AND MY FAMILY, ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE S.P.M.A, including, by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I further acknowledge that the collection of precious minerals is not guaranteed by the S.P.M.A. I further understand that all activities are at my own risk.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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