



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

Robins Spouses' Club Membership Form 2020-2021

P.O. BOX 6844 Warner Robins GA 31095

Name: _____

Address: _____

Phone: _____ **Email Address:** _____

Date of Birth: (mm) _____ (dd) _____ **Occupation:** _____

Sponsor's Name: _____ **Sponsor's Organization/Unit:** _____

Sponsor's Branch: _____ **Please Circle:** AD/Guard/Reserve/GS/Retired

Date of Application: _____ **New Member:** YES / NO

Involvement/ Service

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

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Administrative Vice President |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Philanthropic Vice President |
| <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 |
| <input type="checkbox"/> RSC Historian | |

Mini Group Interest

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

- | | | | |
|----------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="radio"/> Book Club | <input type="radio"/> Walking Crew | <input type="radio"/> Mahjongg | <input type="radio"/> Mini Squad |
| <input type="radio"/> Bunco | <input type="radio"/> CRUD | <input type="radio"/> Lunch Bunch | <input type="radio"/> Just Drinks |

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:

- | | | | |
|----------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="radio"/> Book Club | <input type="radio"/> Walking Crew | <input type="radio"/> Mahjongg | <input type="radio"/> Mini Squad |
| <input type="radio"/> Bunco | <input type="radio"/> CRUD | <input type="radio"/> Lunch Bunch | <input type="radio"/> Just Drinks |

Membership dues are \$40.00 Shirt Size: XS S M L XL XXL Other _____

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: \$ _____

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: _____