

ROCKY MOUNTAIN PYROTECHNICS GUILD (RMPG)

Application for Membership

Name _____ Date of Birth _____

Street Address _____

City, State, Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Name of member/s recommending you _____

Names and Date of Birth for additional members of your immediate family attending club functions.

I certify that the information in this application is true. I am enclosing (please check one):

- _____ \$150. (\$50. Single annual dues plus \$100. Initiation fee). 1 vote, 1 member attending functions
_____ \$185. (\$85. Family annual dues plus \$100. Initiation fee). 2 votes, all immediate family (under 21) attending functions
_____ \$25. RMPG Supporting Member (Annual dues which can be applied toward a Single or Family membership. No signature or copy of driver's license required for Supporting Members.)
_____ Donations beyond or instead of membership are tax deductible. RMPG is a 501c3 Charitable Organization.

Initial Membership Applicants must be at least 18 years of age.

Pictures of me and/or my family may _____ or may not _____ be used in RMPG newsletters without my consent.
(Please check one choice, and cross out the other.)

Pictures of me and/or my family may _____ or may not _____ be used on the RMPG website without my consent.
(Please check one choice, and cross out the other.)

DISCLAIMER: By signing this application, Registrants agree to indemnify and hold harmless the Rocky Mountain Pyrotechnics Guild and each of its members, directors, officers, and successors from and against all claims, damages, injuries or consequences arising out of any direct and/or indirect or collateral participation in activities associated with Rocky Mountain Pyrotechnics Guild, including displays, demonstrations, seminar attendance, hands on training, educational material (including all processes and products covered in such displays, demonstrations, seminars, training and educational materials) and other activities by the undersigned person/s and for their minor children. Member is aware that RMPG insurance does not cover medical care in the event of an accident.

Registrants have read and agree to follow and be bound by those Bylaws and Safety guidelines .

Registrants further agree to the possibility of background checks in accordance with the RMPG Bylaws, Colorado State Laws and the United States Code of Federal Regulations.

Failure to comply with the Bylaws and Safety Guidelines may result in revocation of all privileges and/or removal from said event or premises as decided by the Safety Director or any RMPG Officer.

Signature of Initial Member: _____ Date: _____

Signature of Voting Spouse: _____ Date: _____

Send completed and signed application form with your check and a copy of your driver's license to:

**RMPG
6148 Iris Way
Arvada, CO 80004-5153**