






溫哥華苗圃行動教育協會
Vancouver Sowers Society of Education

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MEMBERSHIP APPLICATION / RENEWAL FORM

Name: _____ 中文: _____ Gender: Male Female

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Fee paid by: Cash Cheque

I understand that volunteering / participation in activities organized by Vancouver Sowers Society of Education (VSSE) involves certain risks, including, but not limited to, serious injury and death. I am voluntarily volunteering / participating in VSSE's activities with knowledge of the danger involved and I agree to accept all risks of volunteering / participation. I also agree to indemnify and hold harmless VSSE, officers, directors, agents and coaches for all claims resulting from my volunteering / participation in VSSE's activities.

Signature of Applicant: _____ Date: _____