

Date	Payment: <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> online	Sign Trip Release?	News Preference?	Date Entered
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## HAMPSHIRE BIRD CLUB, INC. MEMBERSHIP FORM: 2022-2023

*Use this form to join, renew, or update. The club membership year is September – August.*

*If you wish to pay by credit card, you may join or renew online at our secure site, <https://hampshirebirdclub.org/shop/>*

***The first year is free for first-time members. For questions, please contact: [membership@hampshirebirdclub.org](mailto:membership@hampshirebirdclub.org)***

*Please note that contact information may be shared with other members of the club, unless you request otherwise.*

<b>CONTACT INFORMATION</b> [Optional: include gender pronouns if you wish.]	<b>Email is the default delivery for the newsletter. CHECK here for postal delivery instead:</b> <input type="checkbox"/>
Name(s)	Gender pronoun(s)
Address	<b>OPTIONAL WAYS TO PARTICIPATE – PLEASE CHECK</b> (For questions, contact: <a href="mailto:membership@hampshirebirdclub.org">membership@hampshirebirdclub.org</a> )
City, State, Zip	<input type="checkbox"/> Occasionally provide refreshments <input type="checkbox"/> Lead Field Trips <input type="checkbox"/> Share information on birding locations/networks Serve on a Committee: <input type="checkbox"/> Programs <input type="checkbox"/> Education <input type="checkbox"/> Field Trips <input type="checkbox"/> Conservation <input type="checkbox"/> Meeting Refreshments set up <input type="checkbox"/> Meeting Room (chairs & AV) set up <input type="checkbox"/> Share your skills. (Financial or database management; AV, computer or web technology; editorial; graphics; ornithology; environmental education; consider serving on the HBC Board) Other? Please specify:
Phone(s)	
Email(s)	
<b>May we publish your contact information in the fall club directory?</b> <i>[Published only in hard copy, provided only to members.]</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>May we contact you via email</b> with time-sensitive information such as cancellations, field trips, or educational and other opportunities?	<input type="checkbox"/> YES <input type="checkbox"/> NO

***Please choose a level of membership below. All membership contributions are tax deductible as allowed by law. First-time members may ignore this section unless they wish to contribute anyway.***

<b>MEMBERSHIP – REGULAR</b>	
Student @ \$ 5.00	\$
Individual @ \$ 18.00	\$
Family @ \$ 30.00	\$
<b>MEMBERSHIP – SUPPORTING</b>	
Downy Woodpecker @ \$ 40.00	\$
Northern Flicker @ \$ 60.00	\$
Red-Bellied Woodpecker @ \$ 100.00	\$
Pileated Woodpecker @ \$ 250 or more	\$
<b>OUTREACH ACTIVITY (Optional)</b>	
Donate to Education Activity (Optional)	\$
<b>TOTAL</b>	
<i>TOTAL AMOUNT ENCLOSED</i>	\$

Please make checks payable to the **Hampshire Bird Club, Inc.** Bring to the next meeting, or mail to:  
 Hampshire Bird Club, P.O. Box 3637, Amherst MA 01004-3637

On reverse side: **Field Trip Release (required for away trips); and Rare Bird Alert sign-up (optional) →**

# FIELD TRIP RELEASE AGREEMENT

Required if you will participate in field trips.

We need members to share responsibility for their own safety and the safety of others during field trips. The signed release will be filed with the membership secretary. For family memberships, all participating members should sign.

## Release Of All Demands - Hold Harmless

I hereby acknowledge that as a participant in field trips with the Hampshire Bird Club, Inc. (HBC) I may be exposed to significant risks. These may include, but are not limited to, vehicular travel over land and water, foot travel over difficult terrain, and hazardous weather conditions. I may also encounter poisonous plants, dangerous wildlife, and/or disease-carrying insects. In the event of injury, I understand that I may face considerable delays in reaching professional medical help.

I/we fully accept these risks and agree to hold the Hampshire Bird Club, Inc., its officers, directors, volunteers, employees, and agents free from any and all liability for injuries and/or loss which I/we may incur, directly or indirectly, while on field trips run by HBC within one (1) year of the date below.

EXECUTED freely and voluntarily this day: ....., ....., .....  
(day, month, year)

All participating family members, please sign and print name:

- 1) *Signature* ▶ ..... *print name* ▶ .....
- 2) *Signature* ▶ ..... *print name* ▶ .....
- 3) *Signature* ▶ ..... *print name* ▶ .....