



Women's Club of Greater Reston

P.O. Box 3104, Reston, VA 20195-1104

MEMBERSHIP FORM 2026-2027 **New Members**

(Season: June 1, 2026 - May 31, 2027)

Complete and sign this form and mail it with your \$40 check payable to WCGR to the above address.

Last Name: _____ First Name _____

Street Address: _____ Condo/Apt # _____

City/Town: _____ Zip Code: _____ Cell/Home Phone: _____

Email: _____ Birth Date _____ (month/day)

Emergency Contact: _____ Phone: _____

Moved From: _____ Name of Spouse/Partner: _____

Do you allow printing in the membership directory the following information:

Your home address email address cell phone # home phone #

Your Hobbies/Special Interests or Experience: _____

How did you learn about us: _____

Liability Waiver

By attending any event or activity hosted by the Women's Club of Greater Reston (WCGR), whether at a public venue or at a member's home, I understand and agree to the following:

- I accept that participation involves risks, including injury or property damage, and I voluntarily assume those risks.
- I release WCGR, its members, hosts and organizers from any liability for injuries, damages or losses that may occur or as a result of my participation.
- I agree to be responsible for my own actions and to indemnify WCGR against any claims arising from them.

I understand that Virginia law may limit the enforceability of this waiver, but I sign it to show that I have been informed and accept the risks.

Name of Member _____

Signature of Member _____

Date Signed _____