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_____

Revised June 2026