

**SHASTA MINERS AND PROSPECTORS ASSOCIATION (SMPA) MEMBERSHIP APPLICATION**

**Please CIRCLE one: NEW membership or Renewal**

**Please check mark type of membership**

- \_\_\_\_\_ \$40.00 Individual
- \_\_\_\_\_ \$50.00 Family (includes spouse and children under age of 18)
- \_\_\_\_\_ \$25.00 Senior & Spouse (Age 70+)
- \_\_\_\_\_ \$40.00 Business Card Advertising (attach business card)
- \_\_\_\_\_ Legal Fund/ donation Amount: \_\_\_\_\_



Membership rates are for one year. Membership benefits include but not limited to: monthly newsletters, monthly outings, SMPA special events, enjoy access to our many gold bearing claims, hands on education about gold prospecting and metal detecting from our many experienced members. See our web page at [shastaminersandprospectors.org](http://shastaminersandprospectors.org) and join us on Facebook.

PRINT	First Name	Last Name	Date of birth
Member			
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			
ADDRESS	Street:	City:	State: Zip:
Telephone	( ) -	Email:	Receive SMPA Email: Yes or No ?
Cell Phone	( ) -	Email:	Receive SMPA Email: Yes or No ?

I hereby apply for membership/renewal with SMPA. I understand that SMPA and it's agents DO NOT provide goods or services for my activities including, for example, mining equipment or supplies, lodging, transportation, food service, etc. SMPA is not liable for any negligent or willful act or failure to act by providers of such goods or services during my activities. I acknowledge that there may be certain risks involved with activities as a member including, but NOT limited to, rugged or uneven terrain, uncertain or unpredictable river currents, physical exertion for which I am NOT prepared, or other unknown forces of nature, high altitude, accident or illness without access to means of rapid evacuation or availability of medical supplies, the adequacy of medical attention once provided, or negligence on part of SMPA. I hereby agree to be responsible for my own welfare and accept any and all risks of unanticipated events, illness, injury, emotional trauma or death. I acknowledge that the cost of SMPA membership is based upon participants executing this release of liability. Therefore, as lawful consideration for being permitted to participate as a member, I hereby release and discharge forever smpa from any and all liability arising from my membership or my activities as a member. I agree that this release shall be legally binding upon me personally, all members of my family and all minors traveling with me, my heirs, successors, assigns and legal representatives, it being my intention to fully assume all the risk associated with my activities as a member and to release SMPA from any and all liabilities to the maximum extent permitted by law.

I have read and fully understand this release and membership application.

Signature \_\_\_\_\_ Date: Month\_\_ Day\_\_ Year\_\_\_\_  
 Print Name: \_\_\_\_\_

**Mail the completed and signed application to:**

Shasta Miners and Prospectors Association Please make check payable to SMPA  
 P.O.BOX 10929 Anderson CA 96007