



Membership Form

**Idaho Gold Prospectors
Association**

Membership Date _____

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ E-mail: _____

Birthday (s) Month & Day only: _____

Occupation (s): _____

What skills, knowledge, and/or hobbies do you have: _____

Do you have a current card for First Aid and/or C.P.R.? Yes ____ No ____

Would you be interested in First Aid and/or C.P.R. classes? Yes ____ No ____

Disclaimer/Release

I acknowledge that prospecting and prospecting locations can be dangerous, with numerous natural and artificial hazards. I hereby agree to hold the Idaho Gold Prospectors Association (IGPA), its officers and members free and clear of any group or personal injury that I or my family or guests may incur while attending IGPA functions or while on any property leased, owned or under control of the IGPA. I also agree to abide by the Constitution, by-laws, code of ethics and rules of IGPA.

Signature: _____ Date: _____

Spouse's Signature _____ Date: _____

Annual membership dues:

- Individual - \$20.00
- Couple - \$25.00
- Family - \$30.00

Make check payable to IGPA
Mail to: IGPA Treasurer
P.O. Box 190124
Boise, Id 83719-0124