



Membership Application 2021

Membership in TEAMSurvivor Madison, Inc. is open to women with any cancer diagnosis.

Our all volunteer member driven organization offers free or low cost year-round fitness activities for women with a past or present diagnosis of any cancer. The fun and supportive programs provide women of all abilities the opportunity to reclaim their fitness, gain a sense of accomplishment, build a social support system, and achieve renewed comfort with their bodies and their health.

TSM is unique as it empowers women through teamwork, community, and toward survivorship.
Fitness * Friendship * Fun

Membership is \$25 annually, which helps offset organization operating and program expenses.

No one will be turned away due to financial constraints. To request assistance, contact info@teamsurvivormadison.org.

Select one of the options below to submit application. **Completion of this form is required for membership in TEAMSurvivor Madison.**

1. Pay online using "Donate" at www.teamsurvivormadison.org/Support.html (\$25.85 - processing fee included) note "Membership" in PayPal comments section and email completed form to info@teamsurvivormadison.org
2. Mail completed printed form with \$25 payment to: **TEAMSurvivor Madison, Inc., P.O. Box 46603, Madison, WI 53744-6603**
3. Email completed form to info@teamsurvivormadison.org and mail \$25 payment to the P.O. Box address above.

Name _____ Preferred Nickname _____

New Member Information

Address _____

City _____ State _____ Zip _____

Email _____

Preferred Phone# /Cell or Home _____

Birthday Month _____ Date _____ Year (optional) _____

I was diagnosed with _____

Provider Network _____

How did you learn about TEAMSurvivor Madison? _____

Renewing Member

Check one of the following:

- No changes to my 2020 contact information
- Contact information change indicated below

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Activity Waiver Signature Required

TEAMSurvivor Madison is observing all current WI Dept. of Health Services COVID-19 safety guidelines. Our activities will be modified throughout 2021 as we continue to do our best to offer opportunities for our members to safely be active and stay connected.

CHECK any activities you are interested in participating in with TSM. You can be new to the activity or have experience.

SOCIAL: <input type="checkbox"/> I am unable to exercise now, but want to be part of the group activities	INDOOR CLASSES: <input type="checkbox"/> Yoga <input type="checkbox"/> Tai Chi <input type="checkbox"/> Fitness <input type="checkbox"/> Weights <input type="checkbox"/> Swimming <input type="checkbox"/> Water Aerobics	OUTDOOR WATER SPORTS: <input type="checkbox"/> Dragon Boat <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Stand-Up Paddle
OUTDOOR SPORTS: <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Hiking <input type="checkbox"/> Biking <input type="checkbox"/> Golf	WINTER SPORTS: <input type="checkbox"/> Snow Shoe <input type="checkbox"/> Cross Country Ski	TRIATHLON <input type="checkbox"/> Swim <input type="checkbox"/> Bike <input type="checkbox"/> Run <input type="checkbox"/> Walk

Other activity suggestions:

Activity Waiver

The undersigned agrees to abide by the requirements and rules of TEAMSurvivor Madison, Inc.. The undersigned also agrees that all program, event, and car pool participation with TEAMSurvivor Madison shall be undertaken at her sole risk, and the TEAMSurvivor Madison organization, program, or any TEAMSurvivor Madison sponsor shall not be liable for any injuries or any damage to her or her property, or be subject to any claim, demand, injury, or damages whatsoever. The undersigned, for herself and on behalf of her executors, administrators and assigns, does hereby expressly release and discharge TEAMSurvivor Madison and TEAMSurvivor Madison sponsors for all such claims, demands, injuries, damages, actions, or causes of action.

As a TEAMSurvivor Madison, Inc. member, you are responsible for complying with any personal activity restrictions or limitations.

Member Signature _____ **Date** _____

(Written signature or Typed name accepted)

Member Information – Check one of the options below

- I give permission to share my contact information (name, address, phone, email) with TSM members in the TSM Directory only.
- I do not give permission to share my contact information with members in the TSM Directory only.

Members agree to allow TEAMSurvivor Madison, Inc. to identify them as a member of the organization and use their likeness, name, and voice in communication about the organization including printed materials, advertising, and social media. To opt out or request restrictions, email info@teamsurvivormadison.org

Questions? Email info@teamsurvivormadison.org

Office use only: _____ Member fee paid _____ Date (Revised 01-23-21)