



Member Application 2018

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

Welcome to TEAMSurvivor Madison! We provide year-round fitness activities for women with a past or present diagnosis of any cancer – participate once a year or once a week. Our all volunteer, member driven organization provides free or low cost fitness activities for all abilities. The fun and supportive programs offer women 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 into survivorship.

Name _____ Preferred Name _____

_____ I am a new member _____ I am renewing my membership Birthdate: Mo. ___ Day ___ Yr. ___
(if renewing, need only complete info that has changed and then continue beginning at Interest Survey section)

Address: _____ City : _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____ Email: _____

I was diagnosed with _____ in _____ (year)

Medical Provider Name _____ Provider Network _____

How did you learn about TEAMSurvivor Madison, Inc.? _____

Interest Survey- To help us plan programs, please let us know about your interests.

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

SOCIAL: I am unable to exercise now but want to be part of the group activities	INDOOR CLASSES: Pilates / Yoga / Tai Chi / Fitness / Weights Swimming / Water Aerobics	OUTDOOR WATER SPORTS: Dragonboat/ Canoe / Kayak / Stand-up Paddle
OUTDOOR SPORTS: Walking / Running / Hiking / Biking / Golf	WINTER SPORTS: Snow Shoe / Cross Country Ski	TRIATHLON Swim / Bike / Run/Walk

Activity Waiver

The undersigned agrees to abide by the requirements and rules of TEAMSurvivor Madison. The undersigned also agrees that all program, event, and car pool participation with TEAMSurvivor Madison shall be undertaken at her/his 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/him or her/his property, or be subject to any claim, demand, injury, or damages whatsoever. The undersigned, for herself/himself and on behalf of her/his 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 member, you are responsible for complying with any personal activity restrictions or limitations.

MEMBER SIGNATURE _____ Date _____

Media Use

I give permission to share my contact info. (name, address, phone, email) with TSM, members in the TSM Directory only.

I do not give permission to share my contact info 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. If a member desires a restriction, contact the organization at teamsurvivormadison@yahoo.com.

Membership is \$25 annually, which helps cover organizational operating expenses and offer you variety in programming. No one will be turned away due to financial hardship. Let us know if you need special consideration.

Completion of the "Member Application" form is required annually for membership in TEAMSurvivor Madison, Inc.

Please enclose \$25 or pay membership online using the "Donate" button at <http://www.teamsurvivormadison.org/Support.html>

Please return completed form to: TEAMSurvivor Madison, Inc., P.O. Box 46603, Madison, WI 53744-6603

Questions?: Email info@teamsurvivormadison.org

www.teamsurvivormadison.org

06-25-18

Office use only : _____ Member fee paid _____ Date _____