



# Active Retirement Association

## ARA Membership Form

NEW Member(s)

Returning Member(s)

**Please print clearly!**

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#1 Last Name	First Name	M.I.	Tag/Nickname
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#2 Last Name	First Name	M.I.	Tag/Nickname
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Street	City/Town	State	Zip code
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Phone Number	Second Contact Number	Primary
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**PRINT clearly:** #1 Email \_\_\_\_\_

**PRINT clearly:** #2 Email \_\_\_\_\_

How did you hear about the ARA? \_\_\_\_\_

Do you have special interests, background, hobbies, etc. that you are interested in pursuing/sharing?  
(Please indicate whether you are interested in pursuing these interests OR sharing your knowledge.)

For Membership use only: Check # \_\_\_\_\_ Amount \_\_\_\_\_ List ( ) Label ( ) Constant Contact ( )

**Permissions: Please check that you agree.**

Member

#1 #2

While ARA sends our program schedules and tour announcements via U.S. mail, most other communications are via email. We do **not** sell or use your information for third-party solicitation purposes. Please check this box if you **agree** to email communications.

**Please note: If you do not agree, you may not receive some program or event announcements and/or cancellation notices. (over)**

**Permissions: Please check that you agree.**

Member

#1 #2

**Release, Waiver of Liability, Hold Harmless, and Indemnity Agreement**

On behalf of myself, my heirs, agents, assigns, and personal representatives, I hereby release, waive, covenant not to sue, and discharge the Active Retirement Association (hereinafter "ARA") and its governing board, officers, agents, employees, and volunteers from all liability of any and all claims, whether personal injury, pecuniary loss, or otherwise, arising from any trips and other activities sponsored by or otherwise related to ARA. Such activities carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that these and other risks are inherent in the activity that I am participating in. I hereby confirm that my participation in such activities is voluntary and that I knowingly assume all such risks.

Further, I agree that in the event that my conduct causes damage to ARA or its property, I shall indemnify ARA for such loss. I further agree to defend and indemnify ARA with respect to any claims, demands, or actions for damages brought by another party against ARA for personal injury, property damage, or death arising in whole or in part from me or my conduct.

I sign this Membership Form willingly and acknowledge that no oral representations, statements, or inducements have been made. The terms contained in this Form may not be modified or amended without ARA written approval. If any provision of this Form will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. This Form shall be construed in accordance with the laws of the State of New Hampshire.

\_\_\_\_\_  
#1 Signature of member

\_\_\_\_\_  
Date

\_\_\_\_\_  
#2 Signature of member

\_\_\_\_\_  
Date

Payment: Membership fee \$50 per person X \_\_\_\_\_ number of memberships = \$\_\_\_\_\_

Please mail this application along with your check **made payable to "ARA"** to:

Linda Lacroix  
Membership Director  
10 Second Street #303  
Dover, NH 03820

revision 4/17/2024