



SONS of LIBERTY

Membership Form

Please complete this form in its entirety

Name: _____

Street Address: _____

City: _____

State: _____ Postal Code: _____ Phone: (____) _____

Email: _____

Date of Birth (MM, DD, YYYY): _____

WAIVER

I truthfully attest that I am over the age of 21. I further acknowledge that my participation and membership in the Sons of Liberty Home Brew Club ("Club") is entirely voluntary. I know that participation and membership in this Club may involve consumption of alcoholic beverages and that this consumption may affect my perceptions and reactions. I accept full responsibility for my conduct, behavior and actions and completely absolve the Club, its Executive Board and all members of responsibility for my conduct, behavior and actions, and I also willingly and freely absolve the Club, the Executive Board and the other members of the Club for their conduct, behavior and actions toward me.

Signature _____ Date _____