

# ADRIAN EMPIRE, INC. (ADRIA) MEMBERSHIP

**Please indicate:**

**ADDRESS CHANGE** (Please notify us of address changes six weeks in advance.)

**NEW MEMBERSHIP**

**RENEWAL** Member # \_\_\_\_\_ (if known). *Renewing members must pay the full rate (\$30 or \$15) even if lapsed OR may use the prorated new member rate if it includes a full year or they also pay for a subsequent year (please use two forms).*

Please provide a separate form for each member.

Unless you are just filing an Address Change, please check one of the following.

**PARTICIPATING MEMBER:** *Basic membership per the bylaws. Renewal Rate: \$30 New Member rate:* (through next June 30<sup>th</sup>) when joining during: Jul/Aug/Sep: \$30; Oct: \$27; Nov: \$24; Dec: \$21; Jan: \$18; Feb: \$15; Mar: \$12; (through the June 30<sup>th</sup> after next June 30<sup>th</sup>) when joining during: Apr: \$39; May: \$36; Jun: \$33

When paying the Participating Member rate, a single discount of \$5 may be taken when **proof of qualification is attached** of any of the following:

- Active Military
- Full Time Student
- Senior Citizen (55 years or older)

**LIFETIME PARTICIPATING MEMBER:**  
Rate: \$300

**ADDITIONAL FAMILY GROUP MEMBER\*:** *Legal dependents of the participant's immediate mundane family per the bylaws. Must be: 1) a cohabiting couple, or 2) members who qualify as dependents of the Head of Household under IRS tax code.*

*If known, Primary Member*

**ID Number:** \_\_\_\_\_ **and provide Primary Member Name:** \_\_\_\_\_

**Renewal rate: \$15 New Member rate:** (through next June 30<sup>th</sup>) when joining during: Jul/Aug/Sep: \$15; Oct: \$14; Nov: \$12; Dec: \$11; Jan: \$9; Feb: \$8; Mar: \$6; (through the June 30<sup>th</sup> after next June 30<sup>th</sup>) when joining during: Apr: \$20; May: \$18; Jun: \$17

**ASSOCIATE MEMBER:** *Associate memberships are extended to the groups listed below with proof of membership in that organization. See our bylaws for other information. Please circle the group to which you belong. Only valid if you attach proof of membership: SCA, ECS, RMS.*  
Rate: \$15

## MEMBERSHIP WAIVER; INFORMED CONSENT TO PARTICIPATE

I, \_\_\_\_\_ (print legal name), as a condition of membership in ADRIA, do hereby agree to release, indemnify and hold harmless ADRIA, its agents and assigns from any and all claims, including claims for property damage, injury, death, mental or emotional distress I may receive by reason of participation in martial arts or other activities or events sponsored or arranged by Adria. I am fully aware that ADRIA activities are potentially dangerous and can result in serious harm. I understand that ADRIA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. In consideration of my being permitted to take part in these activities, I agree to follow all ADRIA rules or directions of ADRIA officials regarding equipment, participation or personal safety and voluntarily accept all risks associated therewith.

Should any disputes arise from my participation in any ADRIA sponsored activity, I agree to work through the internal dispute resolution procedures of ADRIA. If these procedures do not lead to the resolution of the dispute, I agree to submit it to a board for binding arbitration and to abide by the decisions reached by such a board. The arbitration may take place wherever the parties mutually agree, but will be in Phoenix, Arizona if they do not agree otherwise, and in any case, the laws of the state of Arizona will apply.

THE UNDERSIGNED AFFIRMS THAT HE OR SHE HAS READ AND UNDERSTOOD THIS STATEMENT, AND AGREES THAT THIS IS A WAIVER OF ALL CLAIMS ARISING FROM PARTICIPATION IN EVENTS SPONSORED BY ADRIA TO THE EXTENT PERMITTED BY LAW.

Signed: \_\_\_\_\_

Signature of Parent or Legal Designated Guardian (if applicant is a minor): \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Parental signature binds both the parent and the minor to the terms of this agreement. Guardians must be legally authorized to act as such. Please attach copy of documentation.**



Send completed forms & enclose your check or money order payable to:

**Adrian Empire, Inc.  
P.O.Box 881387  
Port St. Lucie, FL  
34988**

**ONE PERSON PER FORM. PLEASE TYPE OR PRINT CLEARLY IN BLUE or BLACK INK.**

**Do not publish my contact information**

Mundane Name \_\_\_\_\_ If minor, age: \_\_\_\_\_

Persona Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Subdivision Request \_\_\_\_\_ (Per Bylaws Article III.F)

*If you do not list a subdivision request, you will be assigned per your legal address.*

Rec'd locally on: \_\_\_\_\_  
 by: \_\_\_\_\_  
 Cash/Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Rec'd @Imperial \_\_\_\_\_  
 Member Number \_\_\_\_\_  
**STEWARDS USE ONLY**