



Membership dues for N.A.S.F Year _____

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Please list all family members

First Name:

Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Disclaimer : I agree to hold harmless NETHERLANDS ASSOCIATION OF SOUTH FLORIDA and/or any persons who individually or as agents took part in any way in organizing and supervising the planned activities, for any injury or loss which may occur while I or any member of my family or my guest(s) are participating in these activities. I agree that I and those members of my family and guest(s) who are with me will participate in such activities at my (our) own risk.

Signature:

Date:

Please mail completed membership form with your check made payable to:

N.A.S.F. (Netherlands Association of South Florida)
Membership: Monique Logtenberg, 461 NW 162 Avenue, Pembroke Pines, FI, 33028