



Name _____ DOB _____ Gender _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

E-mail _____

We will keep you posted on the latest information and upcoming events via a quarterly e-newsletter.

Submit

Membership: Family \$40 () Individual \$20 () Student \$5 ()

List family members and birth dates for Family Memberships:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

In consideration of my membership, I agree not to hold Keep Roswell Beautiful, or any of its members and/or directors liable for any injury or damage, however caused, which may result from my participation in any event.

Signature: _____

Date _____

Signature of Parents or Guardian, if under 18

Make checks payable to KRB or Keep Roswell Beautiful and mail to:

38 Hill Street, Suite 235
Roswell, GA 30075
770-641-3715