



Space Coast Regional Chapter of the FMNP Membership Application

Please check one: RENEWAL NEW MEMBER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ BIRTHDAY(MM/DD): _____

EMAIL: _____

MASTER NATURALIST MODULE(S) COMPLETED

Membership is open to individuals who have completed a minimum of one (1) module.

COASTAL

UPLAND

WETLANDS

Members in good standing are required to be current on annual dues, commit to a minimum of five (5) hours of Chapter supported volunteer activities, and attend a minimum of one (1) Chapter meeting each calendar year.

Let us know what committee(s) you are interested in serving on:

Chapter Activities and Events

Education and Outreach

Awards and Recognition

Membership

Fund-Raising

Annual membership dues to become a member of the Space Coast Regional Chapter of the FMNP are **\$15**. Payment of dues immediately entitles the member to ALL membership benefits.

If you would like to order an official Chapter patch, support our FMNP Scholarship Fund, or pledge additional funds to support our activities, please indicate *below*. Or click on our **PayPal Link**.

Chapter Patch \$ 5.00

Scholarship Pledge Amount \$ _____

Add'l Support \$ _____

Check Total: \$ _____

Check# _____

Paid Through PayPal

Please make checks payable to:

Space Coast Regional Chapter of the FMNP

Mail to:

Holly Abeels, Florida Sea Grant Extension Agent
University of Florida/IFAS Extension Brevard County
3695 Lake Drive
Cocoa, FL 32926

Membership ONLY \$15.00

Membership AND Patch \$20.00

Scholarship Pledge



The Foundation for the Gator Nation
An Equal Opportunity Institution

Extension programs are open to all persons without regard to race, color, sex, age, disability, religion, or national origin. For individuals with disabilities, requiring special accommodations, please contact the UF/IFAS Brevard County Extension Service within a minimum of 72 hours of the event/program so that proper consideration may be given to the request. For persons with hearing or speech impairments, use the Florida Relay Service (TDD) at 1-800-955-8771 or 711.



Space Coast Regional Chapter of the
Florida Master Naturalist Program
Release and Waiver of Liability for Members

In consideration of the right to participate in the Space Coast Regional Chapter outreach and chapter activities, I _____ have and do hereby assume all risks and will indemnify and hold harmless the Space Coast Regional Chapter of the Florida Master Naturalist Program, as well as the UF/IFAS Extension office, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from connection with my participation in any activities, including but not limited to kayaking, seining, and hiking, sponsored through the SCRC of the FMNP, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

Signature of Member

Date

Space Coast Regional Chapter of the
Florida Master Naturalist Program
Photo/Video Release for Members

I, _____ hereby irrevocably and for perpetuity consent to and authorize the use and reproduction of any and all photographs, videotape and audio recordings taken of me, my children and/or my guests for use in public education and promotional projects by the UF/IFAS Extension and /or the Florida Master Naturalist Program or specifically the Space Coast Regional Chapter. I understand that this consent is given without expectation of compensation to me, and that all photographs and recordings shall become the property of the UF/IFAS Extension and/or the Florida Naturalist Program or specifically the Space Coast Regional Chapter.

Signature of Member

Date