



Manatee County Master Naturalist Chapter of the Friends of Extension Membership Application

Please check one: RENEWAL NEW MEMBER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ BIRTHDAY (MM/DD) _____

EMAIL: _____

Have you taken any of the Master Naturalist modules (check which if you did):

COASTAL UPLANDS WETLANDS

 ADVANCED MODULE - LIST _____

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 annually, and attend a minimum of two (2) Chapter meetings each calendar year.

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

Scholarships Field Trips Educational Outreach

Annual membership dues to become a member of the Manatee County Master Naturalist Chapter of the FOE are **\$15**. Payment of dues immediately entitles the member to ALL membership benefits, excluding field trip fees.

If you would like to pledge to support our FMNP Scholarship Fund or pledge additional funds to support our activities, please indicate below. Scholarships allow low income residents to participate in the Florida Master Naturalist Program training modules. All donations are tax-deductible.

Scholarship Pledge Amount \$ _____ Addt'l Support \$ _____

Check Total: \$ _____ Check# _____ Receipt# _____

Please make checks payable to:

University of Florida

Mail to:
Alyssa Vinson, Residential Horticulture Agent
University of Florida/IFAS Extension Manatee
County 1303 17th Street West
Palmetto, FL 34221



Manatee County Master Naturalist Chapter
of the Friends of Extension
Release and Waiver of Liability for Members

In consideration of the right to participate in the Manatee County Master Naturalist Chapter outreach and chapter activities, I _____ have and do hereby assume all risks and will indemnify and hold harmless the Manatee County Master Naturalist Chapter of the Florida Master Naturalist Program, as well as the University of Florida/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 MCMN 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

Manatee County Master Natural Chapter
of the Friends of Extension
Photo/Video Release for Members

I, _____ hereby irrevocably and for perpetuity consent to and authorize the use and reproduction of 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 University of Florida/ IFAS Extension and /or the Florida Master Naturalist Program or specifically the Manatee County Master Naturalist 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 Manatee County Master Naturalist Chapter.

Signature of Member

Date