

Bloominglabs Incorporated Membership Application

Members Agreement:

Applicant must attend a minimum of **3** public meetings or workshops before application can be completed. Applicant must have a sponsor from an active member of Bloominglabs Incorporated for application completion.

Membership is individual and not transferable from one person to another. Membership dues are non-refundable. Upon notice of cancelation of membership, membership will be valid through the end of the current paid period. In the event that dues become 3 months past due membership is terminated. **Members must notify Bloominglabs if they intend to cancel their membership or else they may be billed for unpaid dues.**

By submitting this application, I agree to the collection, use and processing of the personal information I provide to Bloominglabs Incorporated in this Membership Application for the purposes of organization administration and payment of my dues. I agree to notify contact@bloominglabs.org of any change to my personal information, including making any requests to check, delete or correct my personal information, so that it is accurate and current. I understand that the majority of the data requested in this application is necessary for administrative and planning purposes, and that the failure to provide this information may prevent my application from being properly processed.

Please locate and read the New Members page and Membership Manual:



http://www.bloominglabs.org/index.php/New_Members



http://www.bloominglabs.org/index.php/Membership_Manual

To be filled out by applicant:

Date: _____ Application type: Single / Household / Hardship (Reduced Rate)

First name: _____ Last name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP/postal code: _____

Desired user name: _____

Have you been a member of Bloominglabs before? Yes / No

To be filled out by Bloominglabs:

Sponsor: _____

Applicant has met attendance requirement: Y / N

Signed Liability Waiver on file: Y / N

Reduced rate/hardship application: Y / N

First month's membership dues paid: \$ _____

Application completion date: _____

Monthly dues of \$ _____ are to be paid by the 15th of each month.

Bloominglabs Incorporated Membership Application

Lost RFID cards are \$1 to replace, please notify contact@bloominglabs.org as soon as possible if loss occurs.
