

RESIDENT MEMBERSHIP

Reside in Rochester, Rochester Hills or Oakland Twp.

One-time Fee: \$6

NONRESIDENT MEMBERSHIP

Reside outside of Rochester, Rochester Hills & Oakland Twp.

Annual Fee: \$225 Single | \$350 Married Couple

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____ Birthdate: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married Spouse's Name: _____

Veteran? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION (Provide up to 2 contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE COMPLETE AND SIGN

Video, Photographic and Audio Release:

I hereby give permission for OPC to use my photo, videotape, and/or voice recording for any promotional materials, if taken while participating in any OPC program whether on or off site. ☐ Yes ☐ No

OPC Code of Conduct for Members and Guests:

☐ Yes, I have read and/or received a copy of the OPC Code of Conduct Policy and will abide by the policy.

Release of Claims:

I knowingly and willingly assume all risks in connection with participating in OPC programs and activities whether on or off site. My health and physical condition is adequate to meet the physical requirements of activities in which I participate. I agree to hold OPC, its respective agents, instructors, volunteers, Board, and employees harmless for damages to person or property arising from my participation. In the event of an emergency, I authorize OPC to secure medical treatment deemed reasonable and necessary for my immediate care. I agree that I am responsible for payment of any medical services rendered to me.

Signature: _____ Date: _____

For Office Use Only:

Key Tag Number: _____ Membership Date: _____ Entered Date: _____