

**BOEING RECREATION ACTIVITY CENTERS
ASSOCIATE MEMBERSHIP/RELEASE & INDEMNITY FORM**

Club/ Name: _____.

Name of Associate Member: _____.

Address: _____.

City: _____ . State _____ . Zip Code _____

Phone: _____.

Qualification:

_____ Former Boeing Employee (Please attach Proof of Termination)

_____ Boeing Employee Sponsored Membership (Per PRO-99 membership Guideline).

Relationship to Sponsor:

(Please Check one) ___ Parent, ___ Brother, ___ Sister ___ Child/Stepchild

(beyond IRS Designation) _____

Name of Sponsor _____.

BEMS ID: _____.

Phone: Work: _____ . Home: _____.

By signing this form, you and your sponsor agree that:

- ❖ Eligibility extends only during the time that the Sponsoring Boeing Employee is employed at Boeing.
- ❖ I understand that my participation in this activity is purely voluntary and I agree to hold Boeing harmless for any and all liability for any injuries including death which I might sustain while participating in this activity. This release will not affect any benefits to which I am entitled under the Boeing benefits plan.

Boeing Sponsor Signature _____ Date _____

Associate Member Signature _____ Date _____

**Recreation Badge Identification
number:** _____

Recreation Office Enters Information
Please make a copy for club file and send original to Recreation, 4H-58