



Membership Form

**Idaho Gold Prospectors
Association**

Membership Date _____

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ E-mail: _____

Birthday(s) Month & Day only: _____

Occupation(s): _____

What skills, knowledge, and/or hobbies do you have: _____

Do you have a current card
for First Aid and/or C.P.R.?
Yes ____ No ____

Would you be interested in
First Aid and/or C.P.R. classes?
Yes ____ No ____

Disclaimer/Release

I acknowledge that prospecting and prospecting locations can be dangerous, with numerous natural and artificial hazards. I hereby agree to hold the Idaho Gold Prospectors Association (IGPA), its officers and members free and clear of any group or personal injury that I or my family or guests may incur while attending IGPA functions or while on any property leased, owned or under control of the IGPA. I also agree to abide by the Constitution, by-laws, code of ethics and rules of IGPA.

Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Children's Names _____

Annual membership dues: Individual - \$20.00
 Couple - \$25.00
 Family - \$30.00

Make check payable to IGPA
Plus Add'l \$5.00 for S&H
Mail to: IGPA Treasurer
P.O. Box 190124
Boise, ID 83719-0124