

ALL PROSPECTIVE MEMBERS OF THE BARBADOS ASSOCIATION OF
 ENDOMETRIOSIS AND P.C.O.S. ARE
 REQUIRED TO COMPLETE THIS REGISTRATION FORM.
 MEMBERSHIP IS VALID FOR 1 YEAR FROM CARD PRINTING DATE
NEW MEMBERSHIP RENEWAL

SECTION 1: MEMBER INFORMATION

TITLE	DR	MR	MRS	MISS	MS
NAME	FIRST:		MI:		LAST:
GENDER					
DATE OF BIRTH	DD:	MM:	YY:		
NEXT OF KIN	FIRST:		MI:		LAST:
RELATIONSHIP TO APPLICANT					
ADDRESS 1					MAIN TELEPHONE
ADDRESS 2					WORK TELEPHONE (IF DIFFERENT)
ADDRESS 3					HOME TELEPHONE
TOWN/CITY					MOBILE PHONE
ZIP/POST CODE					PRIMARY EMAIL
JOB TITLE:					SECONDARY EMAIL

*Indicate with an asterisk the email and phone number you would like listed in the member directory

<p>ARE YOU: AN ENDO WARRIOR? A PCOS CYSTER? A SUPPORTER? OTHER (please specify): _____</p>
<p>MEMBER OTHER NON-PROFIT ORGANIZATION? Yes No If yes, please list</p>

THE BAEP IS A VOLUNTEER-DRIVEN ORGANIZATION AND WE CAN USE ALL THE HELP WE CAN GET TO FURTHER THE MANDATE OF THE ASSOCIATION. WHAT ARE YOUR MAIN GOALS WITH THE BAEP? (tick all that apply):

- COMMUNITY OUTREACH AND ADVOCACY
- FUNDRAISING
- RESEARCH
- SUPPORT INITIATIVES
- OTHER (please specify) _____

PERMISSION TO USE PHOTOGRAPHIC IMAGES:

PHOTOGRAPHS OF BAEP MEMBERS MAY BE USED IN VARIOUS BAEP COMMUNICATIONS INCLUDING THE NEWSLETTER AND WEBSITE. GROUP PHOTOGRAPHS TAKEN AT BAEP EVENTS MAY BE USED WITHOUT IDENTIFYING INDIVIDUAL MEMBERS. FOR INDIVIDUAL PHOTOGRAPHS, PLEASE INDICATE YOUR PERMISSION FOR USE BY INITIAL:

- ____ BAEP HAS MY PERMISSION TO USE AND IDENTIFY PHOTOGRAPHS OF ME.
 ____ BAEP DOES NOT HAVE PERMISSION TO USE AND IDENTIFY PHOTOGRAPHS OF ME.
 ____ BAEP MUST CONTACT ME BEFORE USING ANY IDENTIFIED PHOTOGRAPHS OF ME IN BAEP COMMUNICATIONS.

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

DESCRIPTION	MEMBERSHIP DUES (ANNUAL)	PLEASE CHECK
FULL MEMBERSHIP (REGISTRATION FEE + MEMBERSHIP FEES)	\$150	
REGISTRATION FEE + 1 INSTALLMENT WITH AGREEMENT TO PAY BALANCE IN 2 INSTALLMENTS OF \$42.00 BDS **	\$67	
REGISTRATION FEE ONLY WITH AGREEMENT TO PAY BALANCE IN 3 MONTHLY INSTALLMENTS OF \$42.00 BDS **	\$25	
PAYMENT METHOD	PERSONAL CHEQUE CASH	

To pay by cheque: make payable to the “Barbados Association of Endometriosis and P.C.O.S.” or “BAEP”

** - Note that membership cards will only be printed after FULL payment has been paid to BAEP

SECTION 3: MEMBER INFORMATION

IN CONSIDERATION OF GAINING MEMBERSHIP OR BEING ALLOWED TO PARTICIPATE IN THE ACTIVITIES AND PROGRAMS OF THE BAEP IN ADDITION TO THE PAYMENT OF ANY FEE OR CHARGE, I DO HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE THE BAEP AND ITS OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, EXECUTORS, AND ALL OTHERS FROM ANY AND ALL RESPONSIBILITIES OR LIABILITY FOR INJURIES OR DAMAGES RESULTING FROM MY PARTICIPATION IN ANY ACTIVITIES. I DO ALSO HEREBY RELEASE ALL OF THOSE MENTIONED AND ANY OTHERS ACTING UPON THEIR BEHALF FROM ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE TO MYSELF, INCLUDING THOSE CAUSED BY THE NEGLIGENT ACT OR OMISSION OF ANY THOSE MENTIONED OR OTHERS, ACTING ON THEIR BEHALF OR IN ANY WAY ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN ANY ACTIVITIES OF THE BAEP. ANY INFORMATION PROVIDED BY THE BAEP IS NOT INTENDED TO BE A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE, DIAGNOSIS OR TREATMENT. I WILL ALWAYS SEEK THE ADVICE OF MY PHYSICIAN OR OTHER QUALIFIED HEALTH PROVIDER WITH ANY QUESTIONS ABOUT MY MEDICAL CONDITION. I WILL NOT DISREGARD PROFESSIONAL MEDICAL ADVICE OR DELAY

SEEKING ADVICE OR TREATMENT BECAUSE OF SOMETHING I HAVE READ OR HEARD VIA THE BAEP. I AGREE TO ADHERE TO ALL POLICIES SET BY THE BAEP. ALL MEMBERSHIPS ARE NON-REFUNDABLE OR TRANSFERABLE.

Signature _____ Date
