

**BEMIDJI CURLING CLUB  
2020-2021 MEMBERSHIP DUES APPLICATION**

ALL DUES MUST BE PAID BEFORE PARTICIPATING

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 SPONSOR/PAYEE OF THIS ACCOUNT: \_\_\_\_\_

MEMBERSHIP TYPE	AMOUNT	TOTAL
GENERAL UNLIMITED - unlimited league play (ages 21-59)	\$350.00	\$
GENERAL LIMITED - one league only (ages 21-59)	\$310.00	\$
SENIOR UNLIMITED - unlimited league play (ages 60+ before 1/1/20)	\$310.00	\$
SENIOR LIMITED - one league only (ages 60+ before 1/1/20)	\$275.00	\$
NEW UNLIMITED - unlimited league play (first time membership only)	\$275.00	\$
NEW LIMITED - one league only (first time membership only)	\$245.00	\$
STUDENT UNLIMITED - unlimited league play (less than 21 by 6/30/20 or attending college)	\$250.00	\$
STUDENT LIMITED - one league only (less than 21 by 6/30/20 or attending college)	\$215.00	\$
SNOWBIRD - from season start through Jan 15th, dues must be paid at season start	\$165.00	\$
SOCIAL - allows for three substitute appearances and member benefits - no discounts	\$75.00	\$
DISCOUNTS	AMOUNT	TOTAL
EARLY PAY - apply to membership if paid in full by Nov 13, 2020	-\$50.00	\$
ADULT COMMUNITY ED - apply to membership if you registered for the Adult Community Ed Class in 2020	-\$35.00	\$
OTHER	AMOUNT	TOTAL
SALES TAX - add 7.875% MN/city sales tax to membership fee total (see tax table)	\$	\$
COVID-19 SUPPLIES SURCHARGE - fee to help counter the cost of supplies needed for proper sanitation	\$25.00	\$25.00
LOCKER RENTAL FEE - allows for the rental of one locker for one year	\$40.00	\$
LOCKER NUMBER: _____		
KEY CARD - allows for the use of one key card for one year. Reactivation fee of \$15	\$25.00	\$
TOTAL DUE		\$

**IF PAYING BY CREDIT CARD, COMPLETE INFORMATION BELOW**

Mastercard/Visa Card Account #	Expiration Date:
Signature:	Amount: \$

Please check the box to confirm you have read the club's preparedness plan and agree to the club by-laws and general membership rules and privileges which can be found on our website [www.bemidjicurling.org](http://www.bemidjicurling.org)

Check the box if you would like to sign up to be on our volunteer list

Please check the league(s) you will be participating in and write in the skip's name.

Also, check the league(s) you would be interested in playing or substituting in.

LEAGUE	SKIP'S NAME	PLAYING	INTERESTED
Monday 2 on 2 - 5:30			
Monday Open - 6:45			
Monday Mixed Doubles - 8:30			
Tuesday Legends Open - 2:30	N/A		
Tuesday Open - 4:30			
Tuesday Open - 6:15			
Wednesday Mens - 5:30			
Wednesday Novice - 7:15	N/A		
Thursday Open - 1:00	N/A		
Thursday Open - 3:00			
Thursday Open - 4:45			
Thursday Open - 6:30			

**(READ/COMPLETE REVERSE SIDE)**

**(MEMBERS MUST READ/SIGN RELEASE OF LIABILITY)**

USCA July 2003

**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the programs of the Bemidji Curling Club and the UNITED STATES CURLING ASSOCIATION, INC. (“USCA”), their related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and
3. I will agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence and participation, I will remove myself from participation and bring such to the attention of the Bemidji Curling Club and the USCA immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, THE BEMIDJI CURLING CLUB AND THE USCA, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(MEMBER/PARTICIPANT SIGNATURE)

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participation, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee from any and all liabilities incidents to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(PARENT/GUARDIAN’S SIGNATURE)

**CITY/STATE SALES TAX TABLE FOR MEMBERSHIP RATES**

MEMBERSHIP RATE	SALES TAX	MEMBERSHIP RATE	SALES TAX	MEMBERSHIP RATE	SALES TAX	MEMBERSHIP RATE	SALES TAX
\$75.00	\$5.91	\$160.00	\$12.60	\$225.00	\$17.72	\$290.00	\$22.84
\$100.00	\$7.88	\$165.00	\$12.99	\$230.00	\$18.11	\$295.00	\$23.23
\$105.00	\$8.27	\$170.00	\$13.39	\$235.00	\$18.51	\$300.00	\$23.63
\$110.00	\$8.66	\$175.00	\$13.78	\$240.00	\$18.90	\$305.00	\$24.02
\$115.00	\$9.06	\$180.00	\$14.18	\$245.00	\$19.29	\$310.00	\$24.41
\$120.00	\$9.45	\$185.00	\$14.57	\$250.00	\$19.69	\$315.00	\$24.81
\$125.00	\$9.85	\$190.00	\$14.96	\$255.00	\$20.08	\$320.00	\$25.20
\$130.00	\$10.24	\$195.00	\$15.36	\$260.00	\$20.48	\$325.00	\$25.59
\$135.00	\$10.63	\$200.00	\$15.75	\$265.00	\$20.87	\$330.00	\$25.99
\$140.00	\$11.03	\$205.00	\$16.14	\$270.00	\$21.26	\$335.00	\$26.38
\$145.00	\$11.42	\$210.00	\$16.54	\$275.00	\$21.66	\$340.00	\$26.78
\$150.00	\$11.81	\$215.00	\$16.93	\$280.00	\$22.05	\$345.00	\$27.17
\$155.00	\$12.21	\$220.00	\$17.33	\$285.00	\$22.44	\$350.00	\$27.56

Web Address: [www.bemidjicurling.org](http://www.bemidjicurling.org)

E-mail address: [curlbem@paulbunyan.net](mailto:curlbem@paulbunyan.net)

Mailing Address: Bemidji Curling Club P.O. Box 101, Bemidji, MN 56619: 218-751-1123

# FlexPay Authorization



**Member Info:**

\_\_\_\_\_  
Prefix                      First    Middle    Last

**Preferred Payment Schedule (circle one):**              Weekly              Monthly

**Amount to FlexPay (see membership form to calculate):** \$ \_\_\_\_\_.

**Name on Card:**

\_\_\_\_\_  
Prefix                      First    Middle    Last

**Billing Address for Card:**

\_\_\_\_\_  
Billing Address    City

\_\_\_\_\_  
State                      Zip Code    Email Address

**Card Number:**

\_\_\_\_\_  
Number    Expiration Date

\_\_\_\_\_  
CVV                      Zip Code

**Completed authorizations may be submitted via:**

- Email to [billing@bemidjicurling.org](mailto:billing@bemidjicurling.org)
- Mail to Bemidji Curling Club (see right)
- In person at BCC GM's office

**Mail to:**

Bemidji Curling Club  
PO Box 101  
Bemidji, MN 56619

**Acknowledgment:**

*My signature below authorizes Bemidji Curling Club to automatically charge my remaining membership fee to the credit card I provide. I understand that my card will be processed automatically according to the payment schedule I have indicated, with the amount divided evenly according to my balance indicated. I understand that the final payment will be processed on February 15th of the current membership year. I understand that I should contact BCC General Manager or email [billing@bemidjicurling.org](mailto:billing@bemidjicurling.org) if I notice any errors pertaining to the charges to my card.*

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date