

***Dacusville Business Association***  
**Dacusville, South Carolina**

**MEMBERSHIP APPLICATION**

Annual Dues: **\$35.00**

PAID: Cash  Check

BUSINESS NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NEW	<input type="checkbox"/>
RENEWAL	<input type="checkbox"/>
REJOIN	<input type="checkbox"/>

ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The Dacusville Business Association Newsletter is available on our website at [www.dacusville.org](http://www.dacusville.org)

Check the contact method that you would prefer: EMAIL  US MAIL

We need willing workers on our committees. Please check the ones that you would like to assist.

NOMINATING  ECONOMIC DEVELOPMENT  COMMUNICATIONS  PROGRAMS  MEMBERSHIP

**This is a Release, Please Read Before Signing**

I AGREE THAT THE DACUSVILLE BUSINESS ASSOCIATION OF DACUSVILLE, SC AND THEIR RESPECTIVE OFFICERS, CHAIRPERSONS, AND MEMBERS (HEREINAFTER THE "RELEASED PARTIES") SHALL NOT BE LIABLE OR RESPONSIBLE FOR INJURY TO ME (INCLUDING PARALYSIS OR DEATH) OR DAMAGE TO MY PROPERTY DURING ANY DACUSVILLE BUSINESS ASSOCIATION ACTIVITIES, EVEN WHERE THE DAMAGE OR INJURY IS CAUSED BY NEGLIGENCE (EXCEPT WILLFUL NEGLECT). I UNDERSTAND AND AGREE THAT ALL DACUSVILLE BUSINESS ASSOCIATION MEMBERS AND THEIR GUESTS PARTICIPATE VOLUNTARILY AND AT THEIR OWN RISK IN ALL DACUSVILLE BUSINESS ASSOCIATION ACTIVITIES AND I ASSUME ALL RISKS OF INJURY AND DAMAGE ARISING OUT OF THE CONDUCT OF SUCH ACTIVITIES. I RELEASE AND HOLD THE "RELEASED PARTIES" HARMLESS FROM ASSOCIATION ACTIVITIES AND EVENTS. I UNDERSTAND THAT HIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR DAMAGE TO MYSELF OR MY PROPERTY RESULTING FROM, OR IN CONNECTION WITH, ANY DACUSVILLE BUSINESS ASSOCIATION ACTIVITIES OR EVENTS. BY SIGNING THIS RELEASE, I CERTIFY THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT, AND I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIVES MADE BY THE "RELEASED PARTIES".

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)