



General Membership Application

Name(s) _____

Street Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email _____

_____ **PHCDC Individual Membership \$10**

_____ **Total amount enclosed**

Memberships begin January 1 and are valid for one (1) year. Please provide a check or money order made out to “Penn Hills CDC”.

Release and Indemnity

By signing this form, I agree to indemnify and hold harmless all officers, agents and employees of the Penn Hills Community Development Corporation and the Municipality of Penn Hills, from all claims, damages or actions of any kind resulting from acts or omissions, whether negligent or otherwise, which occur as a consequence of participation in or attendance at any program.

I have read and fully understand the above Release and Indemnity.

Media Waiver

I hereby give permission for the Penn Hills Community Development Corporation to use any image, audio or video of my person or property in any of their publicity materials.

Signature: _____ Date: _____

Signature: _____ Date: _____