

FOUNTAIN OF THE SUN ASSOCIATION	FOS CLUB & ACTIVITY GROUP CLUB OFFICERS	540 S 80 STREET MESA, AZ 85208 480-380-4000
CLUB/GROUP NAME:		
EFFECTIVE DATE:	DATE SUBMITTED:	

President

Name: _____ Signature: _____
 FOS Address: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Vice-President

Name: _____ Signature: _____
 FOS Address: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Treasurer

Name: _____ Signature: _____
 FOS Address: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Secretary

Name: _____ Signature: _____
 FOS Address: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

By signing this Membership Roster, I do hereby specifically release Fountain of the Sun Association (FOSA), its Officers, Directors, Employees and Members, indemnifying them from any liability for damages, bodily injury, etc., incurred while participating in this activity and do hereby release the coordinator of the activity of any liability.