



DENVER SECTION NATIONAL COUNCIL OF NEGRO WOMEN, INC.
Youth Membership Application

Local Office

Denver Section NCNW
LeNitra Oliver, PharmD., President
P. O. Box 40372
Denver, Colorado 80204
membersncnwdenver@gmail.com

Membership Chairperson

Virginia Payne, 2nd Vice President
P. O. Box 40372
Denver, Colorado 80204

Name (Current Date)

Address

City **State** **Zip Code**

Birth Date (Year Optional) **Telephone #** **E-Mail Address**

Current Grade Level or Year in School and Name of Current School

Type of Membership

(Also Available for Associate Members (Males))

LOCAL MEMBERSHIPS (Includes: One-time \$5 fee for New Members)

- ☐ Youth (12-18 years) – **NEW:** \$10.00 Local/\$2.00 National/One-time fee \$5.00 = **\$17.00 Total**
- ☐ Youth (12-18 years) -- **Renewing:** \$10.00 Local/\$2.00 National = **\$12 Total**
- ☐ Student (Collegiate) – **NEW:** \$10.00 Local/\$10.00 National / One-time fee \$5.00 = **\$25.00 Total**
- ☐ Student (Collegiate) -- **Renewing:** \$10.00 Local/\$10.00 National= **\$20.00 Total**

Name of Parent or Guardian: _____

Relationship to Youth: _____

Contact Phone Number: Home: _____ **Work:** _____ **Cell:** _____

Email Address: _____

Emergency Contact: _____ **Phone Number:** _____

Method of Payment

- ☐ Check (Payable to NCNW) Check# _____ **OR** ☐ Cash Amount _____
 - ☐ MasterCard/Visa** (May go to our website at ncnwdenver.org to pay online)
- Account No. _____ Expiration Date _____ 3 Digit Code _____
Amount: \$ _____ (All contributions to NCNW are tax deductible)
Signature _____ Date _____

**** A 3.00 processing fee will apply for Credit card payments.**

Please print form and mail payment to: NCNW Denver Section, PO Box 40372, Denver, CO, 80204



DENVER SECTION NATIONAL COUNCIL OF NEGRO WOMEN, INC.
Youth General Permission Slip
(Permission Slip to be completed by Parent/Guardian for youth under 18 years old)

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I give permission for my child, _____, a youth member of the National Council of Negro Women-Denver Section, to attend field trips with the organization with details of each trip being released before the day of the event.

If monies are needed to cover the cost of the trip, they will be collected no later than the day of the event before the event. (Exact cash or check made payable to the NCNW-Denver Section.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Emergency Contact: _____ Phone Number: _____

I fully disclose the following medical information. (If "nothing," please so indicate).

I am currently under a doctor's care for: _____

I am currently taking the following medication(s): _____

I am allergic to the following medication(s), food, or allergen(s): _____

The following medical condition(s) might affect my participation: _____

Name of Parent or Guardian: _____
(Please Print)

Parent or Guardian Signature: _____ Date: _____

Contact Phone Number: Home: _____ Work: _____ Cell: _____

Email Address: _____



DENVER SECTION NATIONAL COUNCIL OF NEGRO WOMEN, INC.

Release of Liability

Local Office

Denver Section NCNW
Elizabeth Lee, President
P. O. Box 40372
Denver, Colorado 80204
info@ncnwdenver.org

Membership Chairperson

Le Nitra Oliver, PharmD.
P. O. Box 40372
Denver, Colorado 80204
303-296-4359
membersncnwdenver@gmail.com

I hereby consent to first aid and/or emergency medical care for treatment of injuries that I may sustain while participating in any activity associated with the National Council of Negro Women, Inc.—Denver Section, (hereinafter NCNW-Denver Section). I understand that by signing this, I hereby release the NCNW—Denver Section, its National Office and employees (hereinafter referred to as Nationals), and all individuals assisting in the instruction and conduct of the NCNW—Denver Section and Nationals activities from any and all liability.

As a participant or volunteer in the program, I recognize the risk and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of the facilities or equipment.

I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the program or using the facilities or equipment against NCNW-Denver Section, Nationals, and its officers, agents, servants, employees, other volunteers, and affiliates.

I do hereby release and discharge NCNW-Denver Section, Nationals, and its officers, agents, servants, employees, volunteers and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or may in future accrue to me in account of participating in or volunteering for the Nonprofit Organization.

I further agree to indemnify and hold harmless and pay defense costs and defend NCNW-Denver Section, Nationals, and its agents, servants, employees, other volunteers, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated the activities of the program of the use of facilities or equipment.

I understand that photographs, video and/or digital images (hereinafter “images”) may be taken of participants taking part in various activities while with NCNW—Denver Section. I understand that these images may be used in web-site photo albums and other promotional materials and/or Publications. I acknowledge below that I do consent to such images being taken and do not request compensation for their use.

I have carefully read this Release of Liability and fully understand its content.

Participant Name - Please print: _____

Participant Signature: _____ **Date:** _____

Parent Name – Please print: _____ **Date:** _____
(if participant is under 18)

Parent/Guardian Signature: _____ **Date:** _____
(if participant is under 18)
