



## Membership Form

### Membership in TEAMSurvivor Madison, Inc. is open to women with any cancer diagnosis.

Our all volunteer member driven organization offers free or low cost year-round fitness activities for women with a past or present diagnosis of any cancer. The fun and supportive programs provide women of all abilities the opportunity to reclaim their fitness, gain a sense of accomplishment, build a social support system, and achieve renewed comfort with their bodies and their health.

**TSM is unique as it empowers women through teamwork, community, and toward survivorship.**  
**Fitness \* Friendship \* Fun**

**Membership is \$27 annually, which helps offset organization operating and program expenses.**

No one will be turned away due to financial constraints. To request assistance, contact [info@teamsurvivormadison.org](mailto:info@teamsurvivormadison.org).

**Completion of a registration form is required for membership in TEAMSurvivor Madison.**

Membership is open to women with a present or past cancer diagnosis. Please confirm that this applies to you by checking this box.

I am a cancer survivor.

Mail this completed printed form with \$27 payment to: **TEAMSurvivor Madison, Inc., P.O. Box 46603, Madison, WI 53744-6603**

OR Go to [www.teamsurvivormadison.org](http://www.teamsurvivormadison.org) to complete online form and payment.

Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

**New Member Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Preferred Phone# /Cell or Home \_\_\_\_\_

Birthday Month \_\_\_\_\_ Date \_\_\_\_\_ Year (optional) \_\_\_\_\_

I was diagnosed with \_\_\_\_\_

Provider Network \_\_\_\_\_

How did you learn about TEAMSurvivor Madison?  
\_\_\_\_\_

**Renewing Member**

Check one of the following:

No changes to my contact information on file

Contact information change indicated below

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone/ Cell or Home \_\_\_\_\_

**Activity Waiver Signature Required**

**CHECK any activities you are interested in participating in with TSM. You can be new to the activity or have experience.**

<b>SOCIAL:</b> <input type="checkbox"/> I am unable to exercise now, but want to be part of the group activities	<b>INDOOR CLASSES:</b> <input type="checkbox"/> Yoga <input type="checkbox"/> Tai Chi <input type="checkbox"/> Fitness <input type="checkbox"/> Weights <input type="checkbox"/> Swimming <input type="checkbox"/> Water Aerobics	<b>OUTDOOR WATER SPORTS:</b> <input type="checkbox"/> Dragon Boat <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Stand-Up Paddle
<b>OUTDOOR SPORTS:</b> <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Hiking <input type="checkbox"/> Biking <input type="checkbox"/> Golf	<b>WINTER SPORTS:</b> <input type="checkbox"/> Snow Shoe <input type="checkbox"/> Cross Country Ski	<b>TRIATHLON</b> <input type="checkbox"/> Swim <input type="checkbox"/> Bike <input type="checkbox"/> Run <input type="checkbox"/> Walk

Other activity suggestions:

### Activity Waiver

The undersigned agrees to abide by the requirements and rules of TEAMSurvivor Madison, Inc.. The undersigned also agrees that all program, event, and car pool participation with TEAMSurvivor Madison shall be undertaken at her sole risk, and the TEAMSurvivor Madison organization, program, or any TEAMSurvivor Madison sponsor shall not be liable for any injuries or any damage to her or her property, or be subject to any claim, demand, injury, or damages whatsoever. The undersigned, for herself and on behalf of her executors, administrators and assigns, does hereby expressly release and discharge TEAMSurvivor Madison and TEAMSurvivor Madison sponsors for all such claims, demands, injuries, damages, actions, or causes of action. As a TEAMSurvivor Madison, Inc. member, you are responsible for complying with any personal activity restrictions or limitations.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### Member Information – Check one of the options below

I give permission to share my contact information (name, address, phone, email) with TSM members in the TSM Directory only.

I do not give permission to share my contact information with members in the TSM Directory only.

Members agree to allow TEAMSurvivor Madison, Inc. to identify them as a member of the organization and use their likeness, name, and voice in communication about the organization including printed materials, advertising, and social media. To opt out or request restrictions, email [info@teamsurvivormadison.org](mailto:info@teamsurvivormadison.org)

Questions? Email [info@teamsurvivormadison.org](mailto:info@teamsurvivormadison.org)

Office use only: \_\_\_\_\_ Member fee paid \_\_\_\_\_ Date (Revised 09-12-21)