

2027 UMNA New Member Form and Membership Renewal Form

Please fill out the following information to renew your membership for the 2027 calendar year. Contact and program/graduation date information will be included in the Membership Directory and will only be available to members. Please pay just for this calendar year; additional payments will be considered a donation.

Returning members may leave blank those entries with no changes from the current directory.

However, please provide name(s) and email for new and returning members.

Name(s):	Email Address:	SCMN Prog Location	Graduation Year
Mail (Post) Address:		Landline Phone:	
		Mobile Phone No. 1:	
		Mobile Phone No. 2:	
1a. Cost Per Person (through 1/31/2026)	\$20	Make checks payable to UMNA if mailing. Send to: Phyllis Stanton 301 Pleasant Hill Rd Landrum, SC 29356 Check number* _____ Date postmarked* _____ *For Treasurer use only	
1b. Cost Per Person after January 31	\$25		
2 No charge to email newsletter (hard copy by mail discontinued)	\$0		
3. Number of renewals			
Total paid: item 1 (a or b times item 3)		Or use PayPal online If paying online, please send this form electronically to UMNA Treasurer at stantonphyllis6@gmail.com	

UMNA INJURY WAIVER AND GENERAL RELEASE FORM

By signing your name below as a participant, and/or parent/legal guardian of any activity hosted/planned by the Upstate Master Naturalist Association (UMNA) you acknowledge that participation in the program exposes you to a possibility of personal injury. You, being fully aware that participation in the program exposes you to a possible risk of personal injury, hereby release UMNA officers, members, and affiliates from any liability from property damage, personal injuries, or other claims arising from or in connection with your participation in the program including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You acknowledge that you have read and fully understand the Injury Waiver and General Release Form. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Participant's Name _____ Date _____