North Central Cascade Miners Association- Membership Application

Based in The Swauk Mining District, central Washington State, USA

mail to: NCCMA, PO Box 101, Ellensburg, WA 98926-1910

The NCCMA goals are to encourage and enhance mining in the North Central Cascades; to promote good fellowship and lasting friendship among its members: to provide a forum for information and education of its members; to provide a unified and solid front to encroachment, interference, or any other danger or threat to mining; and lastly, to provide guidelines for good mining techniques, environmental control and responsible relationships with fellow miners, government agencies concerned with mining and the general public. The NCCMA is a federally recognized 501(c)(7) nonprofit organization.

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name:

Current Address:

City: **State:** **Zip:**

Cell Phone: **Home Phone:**

Email Address:

FAMILY MEMBERSHIP

Family membership may include Spouse, Partner, and immediate family members 18 years or younger. Please have them sign below.

Family Member Names:	Relationship	Signature:	Date	Cell Phone #:

RELEASE IN FULL OF ANY AND ALL CLAIMS

FOR AND IN CONSIDERATION of being a member of the North Central Cascade Miners Association, hereinafter "NCCMA", I/we do hereby release, acquit and forever discharge the Association, its members, directors and/or officers, and any other persons, firms or corporations of and from any and all fault, negligence, or other action, causes of action, claims demands, damages, costs, loss of service, expenses and compensation, on account, or in any way growing out of any and all known and unknown personal injuries and property damage resulting or to result from any accident or other activity that could occur on any of the Association-owned properties and during any or all Association-sponsored field trips, outings, workshops, meetings or other activities.

I/WE THE UNDERSIGNED, do hereby state that I/we have not been influenced to any extent whatsoever in making this release by any representations or statements regarding said injuries, or liability, or any other matters, made by the Association, members, directors and/or officers hereby released, or by any person(s) representing, or acting for him or them.

This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital

SIGNATURE

I certify that I am at least 18 years of age and a citizen of the United States. I have read the foregoing release and know the contents thereof, and agree to the By-Laws, Procedures, and Policies, and agree to any future changes in regards to the North Central Cascade Miners Association.
I sign the same as my free act. Only one (1) vote per applicant if approved.
A conduct and release of liability agreement will be available for signature prior to Association claim access.

Signature of Applicant: **Date:**

FOR NCCMA USE

2026 Annual Fee: $40 Date Paid: Amount Paid: $ Form of Payment:

Voting Rights: Yes No Received by: Member #

Notes: