

Membership Form – 2026

SCAN is a 501(c)(3) nonprofit organization. Membership dues and donations are tax deductible.

Choose Your Membership Type:

- 1 Year – \$12
- 2 Years – \$24
- 3 Years – \$36
- Lifetime – \$324 (10% discount)

Add \$5 × the number of years for each additional household member.

Lifetime dues are \$135 per additional household member.

Member Information

Name(s): _____ New Member Renewal

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Add my contact info to the SCAN Member Directory:

Email Phone City Do not share my info

Emergency Contact Information

Name: _____

Relation: _____

Phone: _____

Optional Donation

I wish to make an additional tax-deductible gift to SCAN

Amount: \$ _____

Cash Check Item Property Bequest

Other: _____

Join or Renew Online:

 <https://www.scnaturalists.org/membership/>

 Scan the QR code to join or renew instantly.



WAIVER OF LIABILITY

In consideration for receiving permission from the Association to participate in any field trip/event, I agree as follows:

I understand the nature of the terrain and/or waterbodies and the type of field trips/events which I will be participating in, and I am capable of safely undertaking these field trips/events.

I understand the dangers involved in taking these field trips/events in remote locations and agree to take all reasonable precautions to avoid injury to myself and others and damage to property in connection with my activities.

I am engaging in the field trips/events at my own risk, and acknowledge that the Association makes no warranties or representations, express or implied, regarding the condition or safety of the terrain or the equipment provided by the Association, for the purposes of the field trips or any other purpose.

On behalf of myself, my heirs, successors and assigns, I hereby forever release, indemnify and hold the Association, its officers, directors, employees and agents, harmless from and against any and all claims, liabilities, losses, damages, costs and expenses arising from or in any way related to my participation in the field trip. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

I agree to go into only those areas authorized by the Association and to comply with all Association rules concerning these field trips/events.

I grant the Association permission to take photographs and video recordings of me and to display, publish or otherwise use any photographs, video recordings, or any other media associated with the field trip, including any media which contains my image or likeness, for the Association's purposes. I also consent to the use of my name in connection with such images. I release, indemnify and hold harmless the Association and its officers, directors, agents and employees from any and all claims which may result at any time by reason of the use of my image and name, including, without limitation, claims of privacy. My heirs, executors, administrators and assigns shall be bound by this consent and release.

By signing below, I acknowledge that I have thoroughly read and understand this form, and that the statements that I have made in it are all true and that I am at least 18 years of age, or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included below.

Participant's Signature: _____

Participant's Printed Name: _____ Date: _____

Parental Consent for Participation by Minors

I am the parent or legal guardian of _____, who has my permission to participate in the field trips referenced above. I make all of the representations and agree to all of the terms specified above with respect to my child's or ward's participation in these activities.

Parent/Guardian's Signature: _____

Printed Name: _____ Date: _____