

**CIRCLE OF SWORDS GAMING GUILD
MEMBERSHIP APPLICATION
2020**

DATE: _____ SIGNATURE _____

NAME: _____

ADDRESS: _____

TEL.#: () _____ FULL D.O.B. (MUST BE AT LEAST 14): ____ - ____ - ____

**PLEASE WRITE SO WE CAN READ IT AND INCLUDE ALL THE ABOVE INFORMATION
MINORS MUST HAVE THEIR GUARDIANS PERMISSION TO PARTICIPATE IN THE
GUILD**

I understand that my electronic mail address, if I provide it below, is for COS records and may be used by COS (and any COS agent, officer, or COS employee acting within the scope of their duties) to contact me.

E-Mail ADDRESS _____

* _____ YES, please post my e-mail address on the COS web site, www.circleofswords.com.

* _____ YES, I give permission to COS to include my e-mail address on any COS mass e-mailings that would be sent to other members of COS, giving other COS participants access to my e-mail address.

I agree to pay the yearly COS membership fee of **\$5.00**, and I understand that my membership fee includes me as a member in COS, and that all memberships expire at the end of December of that year.

COS Membership Fees: Amount Paid: \$ _____

5-Year (\$20) and Lifetime (\$50) Memberships
available online via PayPal at www.CircleofSwords.com

As a member, I notify that I am willing to Game Master (GM) or play the following games at COS events and activities:

**MAKE CHECKS PAYABLE TO: CIRCLE OF SWORDS GAMING GUILD
P.O. BOX 2126
BUTLER, PA 16003-2126**

**INFORMATION - CALL DAVE SCHNUR AT 724-283-1159
OR E-MAIL COSGUILD@CIRCLEOFSWORDS.COM**