

## Wings Over Camarillo – Member Application

For as little as a \$25 donation, you will enjoy the following:

- Exclusive Members Only Commemorative Polo Shirt (if paid by May 31)
- Discount on General Admission ticket purchases for family members

In order to be a member of the CWA, you must complete and sign the application below. Email to <a href="mailto:volunteers@wingsovercamarillo.com">volunteers@wingsovercamarillo.com</a> or mail to *Camarillo Wings Association, 79 Daily Drive, Ste. 265, Camarillo, CA 93010*. Payment for CWA membership can also be mail or completed online. Since we are a 100% all volunteer organization, we hope you will volunteer or even manage an area of interest:

| □ New □ Returning □ Setup/Take Down □ Clean Up □ Parking   |        |
|--|--------|
|  |        |
| Last Name:   |        |
| First Name: Uveterans Info/Directions  |        |
| Phone#: Other  |        |
| E-mail: Air Show Pre-Planning Area of Interest   |        |
| Participating ☐ Financial ☐ Marketing ☐ Signage ☐ Ground   | ıd Ops |
| Organization: ☐ Ticketing ☐ Social Media ☐ Hospitality ☐ Ga  | tes    |
| Employer: Uvendors Sponsors Volunteers Manage  | ment   |
| Occupation:  |        |
| Special Skills: CWA Members Only Polo Shirt:   |        |
| Age (if under 18): Size - Select One: DS DM DL DXL D2XL D3X  | KL     |
| Cut - Select One: ☐ Woman's ☐ Men's  |        |
| GENERAL WAIVER   |        |
| I will hold harmless, indemnify, and defend Camarillo Wings Association and its officers, directors, volunteers,   |        |
| agents, and employees from and against any loss, damage, liability, claim, cost, and expense, including but not limited  |        |
| to legal fees, which may be incurred by reason of the volunteer's participation in Wings Over Camarillo,   |        |
| incurred as a result of gross negligence or willful misconduct on the part of Camarillo Wings Association. I have and understand the foregoing general waiver and have signed voluntarily. | e read |
| and understand the foregoing general waiver and have signed voluntarily.   |        |
| Date   |        |
| Signature or Parent/Legal Guardian if Minor  |        |
|  |        |
| Office Use Only: Date Received: Date Entered in DB:  |        |
| Chairperson Name: Approval: ☐ Yes ☐ No   |        |