



Baldwin Senior Travelers Membership

Last Name _____

First Name: _____

Spouse Name: _____

Street Address: _____

City: _____, State: _____ ZIP: _____

Mailing Address: Same

IF different: Street: _____

City: _____, State: _____ ZIP: _____

Home Phone: - -

Cell Phone: - -

Your Birthday (Mo/Day: - -

Please attest that you OR your spouse are over 50 years old: YES

E-Mail Address: _____

Emergency Contact: Name/Relationship and cell phone number

Last Name: _____

First Name: _____

Relationship: _____ Cell Phone: - -

The Baldwin Senior Travelers, a non-profit, unaffiliated travel club and its officers and directors act only as agents on behalf of its members and accept no responsibility for injury, death, loss or expense due to negligence or wrongdoing by any purveyor of services to club members. In accepting membership and when taking trips, I/we agree to abide by the Rules and Regulations of the Baldwin Senior Travelers.

Signature _____ Date _____

Check one: Check #: _____

Renewal: \$15 per person (Annual membership January 1- December 31) Year: _____

New Membership: \$15 per person (_____ thru December 31) Year: _____

Make check payable to **Baldwin Senior Travelers** and mail with completed form to:
Baldwin Senior Travelers Attn: **Membership** P. O. Box 1065 Fairhope, AL 36533