

FRANKFORT BOURBON SOCIETY
Membership Application

APPLICANT INFORMATION (Please print)

Name: _____
Gender: Male _____ Female _____
Occupation: _____
Date of Birth: _____ (**Must be 21 years or older to join.*)
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

ANNUAL DUES ARE \$100 PER YEAR
(From October 1 to September 30 - Prorated Quarterly)

Liability release & Signatures

I _____, affirm that I am twenty-one years of age or older, and in consideration of my participation in any and all Frankfort Bourbon Society events, do hereby release Frankfort Bourbon Society, its officers, directors, members, and host venues from any and all liability from injuries, loss, or damage of property, which may occur during or following any and all Frankfort Bourbon Society events. In addition I, _____, (____) authorize (____) do not authorize the Frankfort Bourbon Society to use my name and/or image for promotional purposes.

Signature of Applicant:

_____ Date: _____

Signature of FBS President:

_____ Date: _____

Return to: Rene' True, Treasurer, 327 Morehead Drive, Frankfort, Kentucky 40601