



Member Application 2018

Membership in TEAMSurvivor Madison, Inc. is open to women with any cancer diagnosis.

Welcome to TEAMSurvivor Madison! We provide year-round fitness activities for women with a past or present diagnosis of any cancer – participate once a year or once a week. Our all volunteer, member driven organization provides free or low cost fitness activities for all abilities. The fun and supportive programs offer women the opportunity to reclaim their fitness, gain a sense of accomplishment, build a social support system and achieve renewed comfort with their bodies and their health. TSM is unique as it empowers women through teamwork, community and into survivorship.

To join • fill out this form • have a health care practitioner approve your activity • submit the form

Name _____ Preferred Name _____ Birthdate: Mo. ___ Day ___ Yr. ___
I am a new member _____ I am renewing my membership _____ Year joined _____
I was diagnosed with _____ in _____ (year)
Address: _____ City : _____ State: _____ Zip: _____
Phone: _____ Cell phone: _____ Email: _____

How did you learn about TEAMSurvivor Madison, Inc.? _____

Membership is \$25 annually and supports programing. NO MEMBER will be turned away due to financial hardship. Let us know if you need financial assistance.

To help us plan TEAMSurvivor Madison, Inc. programs, please complete the interest inventory below. CIRCLE any activities you are interested in participating in with TSM. You can be new to the activity or have experience.

SOCIAL: I am unable to exercise now but want to be part of the group activities	INDOOR CLASSES: Pilates / Yoga / Tai Chi / Fitness / Weights Swimming / Water Aerobics	OUTDOOR WATER SPORTS: Dragonboat/ Canoe / Kayak / Stand-up Paddle
OUTDOOR SPORTS: Walking / Running / Hiking / Biking / Golf	WINTER SPORTS: Snow Shoe / Cross Country Ski	TRIATHLON TRAINING Swim / Bike / Run/Walk

I give permission to share my contact info. (name, address, phone, etc) with TSM, members in the TSM Directory.
 I do not want my contact information to be included in the membership directory (given only to TSM Members).

MEDIA RELEASE (optional)
The undersigned, or their designee, agrees to allow TEAMSurvivor Madison, Inc. to identify me as a member of the organization, use my demographic information and name, voice and/or likeness in public communications including but not limited to: printed materials, membership directory, Web site and advertising.
MEMBER SIGNATURE _____ Date _____

Medical Release (needed for activity insurance)

Dear _____ (Provider Name, MD, PA, NP)
 Provider Network: _____
 I, _____ (patient name), wish to participate in the following physical activities and/or programs offered by TEAMSurvivor Madison, Inc. **(to be completed by patient):** _____

 Please list any activity restrictions that you would recommend for this program **(to be completed by provider):**

 _____ (patient name) has my approval to participate in this physical activity with the restrictions described above.*
 SIGNATURE: _____ Date _____, 2018
 *TSM member is responsible for following any activity restrictions noted by their provider.

Completion of the "Member Application and Medical Release" form is required annually for membership in TEAMSurvivor Madison, Inc. **Incomplete forms will be returned for completion.** Please enclose \$25 or send separately.

Please return completed form to: TEAMSurvivor Madison, Inc., P.O. Box 46603, Madison, WI 53744-6603

Questions?: Email info@teamsurvivormadison.org • www.teamsurvivormadison.org

02-12-18

Office use only : _____ Member fee paid _____ Date _____