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## Membership

Become a Eugene Maker Space member today. Membership starts at \$25 a month per person and includes:

- access to tools and equipment,
- communal shop space,
- on-site storage,
- voting privileges and,
- 24/7 keycard access\*

\* after member approval



Simply fill out the attached membership form and mail it to Eugene Maker

Space. Monthly memberships can be purchased online via Paypal or by paying cash/check to a board member.

## EMS Community

Sign up to receive our mailing list and keep up to date on EMS events and to connect with members outside of the space. Follow us on Facebook, Twitter and/or Google+.

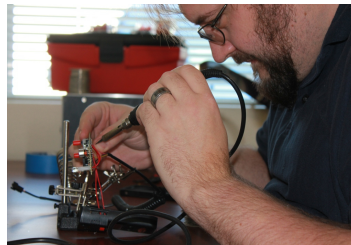
## EMS Shop

Our shared workshop has tools and materials to facilitate making and an active community of creative members.

Woodworking, Metal fabrication,  
Electronics, Programming, 3D Printing,  
Sewing, and more.....

## Support US!

We appreciate donations of gently used tools and equipment, as well as, monetary donations. Financial support helps us maintain our shop, plan for future upgrades and host community events. Thanks to a sponsorship from The School Factory certain donations can be tax deductible. See our website or ask a board member for more info or to donate.



# Join Today! ➔

This Waiver is governed by the laws of the State of Oregon, and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Waiver. The provisions of this Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. Any claim or controversy that arises out of or relates to this waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the nearest chapter of the American Arbitration Association or similar group for binding unappealable arbitration in accordance with its current rules and procedures.

### Medical Conditions

I am subject to the following allergies or medical conditions, and I authorize EMS to disclose such allergies or medical conditions to a physician in the event I should require emergency medical care (describe allergies or medical conditions with specificity):

### Emergency Contact Information

In case of an emergency, EMS should contact the following person or people:

Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone:  
(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone:  
(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

I am of lawful age and legally competent to sign this document; I understand the terms herein; and I have signed this document as my own free act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Eugene Maker Space**

687 McKinley St, Suite #2, Eugene, OR 97402  
info@eugenemakerspace.com, (541) 525-0409

OFFICIAL USE ONLY

Rcv By: \_\_\_\_\_

Date Accepted: \_\_\_\_\_