

Space Coast Associates for the Advancement of Zymurgy

Membership Application

(2-Sided Application – Complete both sides)

Membership Type		
	Individual Lifetime \$150	
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Family Annual \$30/year 2 adults, same household (non-transferrable)	Family Lifetime \$250 2 adults, same household (non-transferrable)	
Name (primary member)	Date of Birth	
	Phone	
	Certification Level	
Brewing Expertise		
Want to learnNew Brewer	Middle-of-the-RoadVery Experienced	
Would you like a mentor to help you improve?YesNo		
Experienced brewers, would you like to help mentor a less experienced brewer?YesNo		
Namo (5 4 5 5 1 1	
	Date of Birth	
	Date of Birth	
Email	Phone	
Email BJCP Certification Level	Phone	
Email BJCP Certification Level Brewing Expertise	Phone	
Email	Phone Middle-of-the-RoadVery Experienced	
Email BJCP Certification Level Brewing Expertise	Phone Middle-of-the-RoadVery Experienced	
Email	PhoneMiddle-of-the-RoadVery Experienced _YesNo	
BJCP Certification Level Brewing Expertise Want to learnNew Brewer Would you like a mentor to help you improve?	PhoneMiddle-of-the-RoadVery ExperiencedYesNo	
BJCP Certification Level Brewing ExpertiseWant to learnNew Brewer Would you like a mentor to help you improve? Experienced brewers, would you like to help mentor	PhoneMiddle-of-the-RoadVery Experienced _YesNo a less experienced brewer?YesNo	
BJCP Certification Level Brewing ExpertiseWant to learnNew Brewer Would you like a mentor to help you improve? Experienced brewers, would you like to help mentor How did you find out about SAAZ?	Phone Middle-of-the-RoadVery Experienced YesNo a less experienced brewer?YesNo	
BJCP Certification Level Brewing ExpertiseWant to learnNew Brewer Would you like a mentor to help you improve? Experienced brewers, would you like to help mentor	Phone Middle-of-the-RoadVery Experienced YesNo a less experienced brewer?YesNo	
BJCP Certification Level Brewing ExpertiseWant to learnNew Brewer Would you like a mentor to help you improve? Experienced brewers, would you like to help mentor How did you find out about SAAZ?	Phone Middle-of-the-RoadVery Experienced YesNo a less experienced brewer?YesNo	
BJCP Certification Level Brewing ExpertiseWant to learnNew Brewer Would you like a mentor to help you improve? Experienced brewers, would you like to help mentor How did you find out about SAAZ?	Phone Middle-of-the-RoadVery Experienced YesNo a less experienced brewer?YesNo	

Version Date: 02/03/2020

SAAZ HOMEBREW CLUB RULES OF CONDUCT

All members, guests, and visitors of the SAAZ Homebrew Club are required to read and sign the Rules of Conduct.

- 1. Members must be 21, the legal drinking age for the State of Florida.
- 2. The laws of the State of Florida for the consumption and the production, distribution and use of alcohol apply to all members at all meetings.
- 3. Members will respect the property, rules and staff of the host meeting site, before, during and after any club meetings or events. Any member, who is obviously or appears to be alcohol impaired, when asked, will surrender their keys and arrangements for a ride or designated driver will be made.
- 4. Members exhibiting violence, abusive language, intoxication or unbecoming/unruly conduct during club meetings or events will be expelled from the function.
- 5. Failure to comply with the Rules of Conduct will constitute a review of membership and may result in temporary suspension of membership or privileges, expulsion, or in the case of damage, restitution, as defined in (ARTICLE III SECTION 2 REVIEW OF MEMBERSHIP) the Bylaws.

I have read and understand the Rules of Conduct as they apply to membership in the SAAZ Homebrew Club; I understand the consequences for failing to abide by these rules.

BYLAWS OF THE SAAZ HOMEBREW CLUB ACKNOWLEDGMENT (primary member)		
By my signature below, I,	, hereby acknowledge that I have and its attachments, and agree to be bound	
Signature	_ Date	
Print Name	_	
BYLAWS OF THE SAAZ HOMEBREW CLUB ACKNOWLEDGMENT (secondary member)		
By my signature below, I,	, hereby acknowledge that I have and its attachments, and agree to be bound	
Signature	_ Date	
Print Name	_	
SAAZ OFFICER USE ONLY		
Payment Method	Date Paid	
Entered into Membership SpreadsheetEntered into	o Mailing Database	
Provided Membership InfoNametags Created	Provided Membership Card(s)	

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