



HIVE13 - The Cincinnati Hackerspace  
2929 Spring Grove Ave.  
Cincinnati, OH 45225  
<https://www.hive13.org>



## MEMBERSHIP APPLICATION FORM

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ # \_\_\_\_\_

☐ I have read and agree to abide to the bylaws

☐ I have signed the liability waiver

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Application Approval

Leadership Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Leadership Signature 2 \_\_\_\_\_ Date \_\_\_\_\_