- **GENERAL MEMBERSHIP CERTIFICATION OF UNDERSTANDING FOR INSURANCE WAIVER**

(Name of Private Organization)

I certify that I read and understand the policies, practices and guidance outlined in AFI 34-223 and further acknowledge and represent that the policies, conduct and practices of the below listed private organization will at all times conform to and comply with the requirements of AFI 34-223.

I certify that I read and understand of the potential for joint and several liabilities per Article ___, paragraph___ of the (Name of Private Organization) constitution.

Print Full Name, ___Rank_	Signature / Date:
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