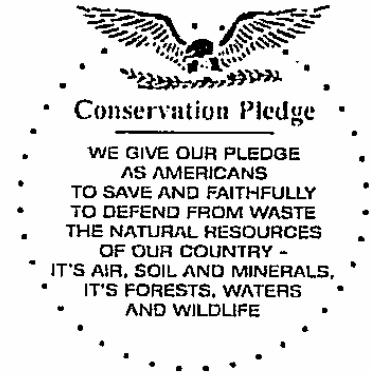


Erie County Conservation League

P.O. BOX 476 Sandusky, Ohio 44870

Phone: 419-499-2400



Accepting New Memberships

PLEASE COMPLETE THE APPLICATION FORMS AND RETURN BY THE FIRST OF THE MONTH FOR REVIEW PRIOR TO THE TRUSTEE MEETING.

All new memberships which include: Honorary, Life, Senior, Associate and Junior, **MUST** complete the following:

1. Complete postcard application
2. Complete membership application form and sign. If new member sponsor must also sign this form.
3. Release from liability form signed and notarized.
4. Terrorist Declaration must be signed and witnessed.
5. All **new** members and their sponsor **MUST** attend the E.C.C.L. General Meeting at 7:00 p.m. the first Thursday of the month for acceptance.
6. All **new** members **MUST** also attend the safety orientation at 9:00 a.m. the Saturday following the General Membership meeting to receive membership badges and a new member packet.
7. Amount due with application – \$225.00 (\$100.00 application fee & \$125.00 dues).

Please return all forms in the envelope provided.

If you have any questions about the forms, please call the Financial Secretary at 419-627-2615. Or you may attend the E.C.C.L. General Membership Meeting the first Thursday of each month at 7:00 p.m.

Board of Trustees
Erie County Conservation League

New Membership Due with application: \$225.00 – \$100.00 application fee and \$125.00 dues

Renewal

ERIE COUNTY CONSERVATION LEAGUE

MEMBERSHIP APPLICATION (Please Print)

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: (____) _____ Email Address _____

Sponsor: _____

Membership being applied for (circle one) Senior Associate Junior Life Honorary
(see back for explanation).

1. Do you belong to other outdoor, conservation, shooting or gun clubs Yes No
Please list them and length of membership? _____

_____ Additional space on back

2. How long have you been shooting? _____

3. What shooting courses have you taken and when? _____

_____ Additional space on back

4. Do you have any previous experience with the following types of firearms? (check)

Rifles How Long? _____ Shotguns How Long? _____

Handguns How Long? _____ Archery How Long? _____

5. List the types of experience you have:

o Military Yes No

o Hunting:

Small Game- Yes No

Big Game Yes No

Bird Hunter Yes No

Other (explain) _____

Training Classes Taken and Passed

Hunter Education Yes No

Firearms Education Yes No

Handgun Education Yes No

Other (explain) _____

Competition:

Trap & Skeet Yes No

Target Yes No

Other (explain) _____

First Aid Training:

CPR Yes No

Basic First Aid Yes No

Other explain) _____

6. Release of liability form **MUST** be signed and notarized and returned with this application.
7. Applicant becoming a **new** member **MUST** attend an E.C.C.L. General Membership Meeting (1st Thursday of each month at 7:00 p.m.) for acceptance of membership and also attend the orientation on the following Saturday at 9:00 a.m. to receive membership badges.

Applicant's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

For ECCL use only	
Membership committee – Approved by: _____	
Date accepted: _____	Status: Junior Associate Senior Life Honorary
Date of orientation: _____	
Release of Liability on file <input type="checkbox"/> Yes <input type="checkbox"/> No	
Renewals: _____	

Memberships:

There are five classes of memberships: **Junior, Associate, Senior, Life and Honorary**. Life, Senior and associate members only will be eligible to hold office and be entitled to vote at meetings of the Organization.

Junior Member: Any person under 19 years of age whose application has been endorsed by a current Life or Senior member in good standing and approved by the Board of Trustees

Associate Member: Any adult whose spouse is a Life or Senior member in good standing and whose application has been endorsed by that member and approved by the Board of Trustees.

Senior Member: Any adult aged 19 or older, whose initial application has been endorsed by another Life or Senior member in good standing and approved by the Board of Trustees

Life Member: Any person who has maintained Senior membership for twenty years and has attained the age of 65, or who has maintained Senior membership for thirty consecutive years, whichever comes first.

Honorary Member: Those who are on active duty in the armed forces, provided that they were a member immediately prior to or during their service, and such other persons, as the Board of Trustees shall determine.

Additional space for writing: _____

ERIE COUNTY CONSERVATION LEAGUE

PO BOX 476

SANDUSKY OHIO 44870

RELEASE FROM LIABILITY

PRINT NAME AND ADDRESS:

HEREIN REFERRED TO AS RELEASOR, THE ERIE COUNTY CONSERVATION LEAGUE INC, ITS OFFICERS AND EMPLOYEES, THEIR HEIRS, ADMINISTRATORS AND EXECUTORS, HEREIN REFERRED TO AS RELEASEES

I, the undersigned, Releasor, being of lawful age, in consideration of being permitted to participate at the Erie County Conservation League Inc, Sandusky, Ohio, do for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive and forever discharge the Erie County Conservation League Inc, its agencies or departments, its officers, agents, service members and employees in their official and personal capacities, their heirs, administrators and executors, from any and all liability for any and all loss or damage, and from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or equity, arising from or by reason of death, or any bodily injury or personal injuries known or unknown, or property damage resulting or to result from any incident which may occur during my participation of any activities in connection with the Erie County Conservation League Inc, whether caused in whole or in part by the Releasees or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE WHILE AT ERIE COUNTY CONSERVATION LEAGUE INC, SANDUSKY, WHILE COMPETING, OFFICIATING, WORKING, SPECTATING, OR FOR ANY PURPOSE PARTICIPATING AT THE ERIE COUNTY CONSERVATION LEAGUE INC.

I AGREE THAT THIS RELEASE CONSTITUTES THE ENTIRE AGREEMENT BETWEEN MYSELF AND THE ERIE COUNTY CONSERVATION LEAGUE INC, THE TERMS OF THE RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL, AND THE SAME SHALL CONTINUE IN FORCE AND BE APPLICABLE TO ALL FUNCTIONS I ATTEND, UNLESS REVOKED BY ME IN A WRITING SERVED UPON THE ERIE COUNTY CONSERVATION LEAGUE INC BY CERTIFIED MAIL AT LEAST TEN (10) DAYS PRIOR TO THE DATE UPON WHICH SUCH REVOCATION SHALL BECOME EFFECTIVE.

I agree that this Release Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion hereof is held invalid, the balance hereof will, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE THE SAME VOLUNTARILY, AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

In Witness Whereof, I have executed this Release on this ____ day of _____, 20 ____.
YOUR SIGNATURE (RELEASOR)

(SIGNATURE OF PARENT OR GUARDIAN OF ANY JUNIOR UNDER 19 YEARS OF AGE)
JUNIOR'S DATE OF BIRTH _____

STATE OF OHIO, COUNTY OF ERIE

Before me, notary public and for said county and state, personally appeared

on the _____ day of _____, 20 ____ and knowledge the signing hereof to be his and / or her voluntary act and deed.

SEAL HERE

My Commission Expires:

NOTARY PUBLIC

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for a reference copy of the Terrorist Exclusion List). Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

DECLARATION

For each question, indicate your answer by circling either "yes," or "no". Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? **Yes No**
- 2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? **Yes No**
- 3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? **Yes No**
- 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? **Yes No**
- 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? **Yes No**
- 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? **Yes No**

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself.

Signature of applicant _____ Date _____

Signature of witness _____ Date _____

DECLARATION OF CRIMINAL HISTORY

I affirm that I have not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, any other felony or misdemeanor that would cause me to be under a disability to own or have control of a firearm. I attest that all information provided is true and accurate to the best of my knowledge. Any false statement may be grounds for denial, suspension, revocation, or other disciplinary action taken by the ECCL.

Signature of applicant _____ Date _____

Signature of witness _____ Date _____

ERIE COUNTY CONSERVATION LEAGUE INC.

P.O. Box 476 • Sandusky, Ohio 44871-0476

Membership Application

	NAME (Please Print)	DUES	APPLICATION FEE	TOTAL
SENIOR (at least 19 yrs. old)		\$125	\$100	\$225 Includes Tax
ASSOCIATE (Spouse of Senior Member)		\$50	\$50	\$100 Includes Tax
JUNIOR(S) (under 19 yrs. old)		\$5	\$5	\$10 Includes Tax

STREET _____ CITY _____ ZIP _____

Phone (____) _____ Sponsor (if new) _____

Birth Date _____ E-mail _____

I have read and will abide by all rules and regulations as established by the ECCL Board of Trustees.

(signature) (date) (occupation)