

ACCEPTING NEW MEMBERSHIPS

ALL APPLICATION FORMS AND RELEASE OF LIABILITY MUST BE RETURNED BY THE FIRST OF THE MONTH SO THEY CAN BE REVIEWED AT THE TRUSTEE MEETING.

The new membership acceptance procedure has changed as of September 2002. All new memberships which includes 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 sign this form also.
3. Release of Liability **must** be signed and notarized.
4. All **new** members and their sponsor **must** attend the E.C.C.L. General Meeting at 8:15 p.m. the first Thursday of the month for acceptance.
5. All **new** members **must** attend orientation the Saturday (9:00 a.m.) after the General Meeting to receive badges.

Please return all forms in the envelope provided.

If you have any questions about the forms, please call Financial Secretary, at 419-626-0972 and leave a message on mailbox 1. Your call will be return. Or, you may attend the E.C.C.L. General Meetings the first Thursday of each month at 8:15 p.m.

Board of Trustees
Erie County Conservation League, Inc

Adopted September 2002

- New Membership
- Renewal

ERIE COUNTY CONSERVATION LEAGUE INC
MEMBERSHIP APPLICATION
(Please Print)

Name: _____
First Middle Initial Last

Address: _____
City State Zip

Phone: () _____ 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 then and length of membership _____

 (Additional space on back)

2. How long have you been shooting? _____ What shooting courses have you taken and when?

 (Additional space on back)

3. Do you have previous experience with various types of firearms (check) ?

Rifles: _____	How long? _____	Shotguns: _____	How long? _____
Handguns: _____	How long? _____	Archery: _____	How long? _____

4. List the types of experience you have:

Military: Yes No (circle one)	
Hunting:	Training Classes Taken and Passed:
Small Game- Yes No	Hunter Education- Yes No
Big Game- Yes No	Firearms Education- Yes No
Bird Hunter- Yes No	Handgun Education- Yes No
Other	Other
(If other please explain) _____	(If other please explain) _____
_____	_____
_____	_____

Competition:	First Aid Training:
Trap & Skeet- Yes No	CPR- Yes No
Target- Yes No	Basic first aid- Yes No
Other- Yes No	Other- Yes No
(If other please explain) _____	(If other please explain) _____
_____	_____
_____	_____

5. Release of Liability Form **must** be signed, notarized, and returned with this application.
6. Applicant becoming a *new* member **must** attend E.C.C.L. General Meeting (1st Thursday of each month - 8:15 p.m.) for acceptance of membership and orientation on Saturday (9:00 a.m.) after the General Meeting to receive badges

Applicant's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

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.

OVER

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 _____

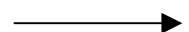
Before me, notary public and for said county and state, personally appeared

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

SEAL HERE

NOTARY PUBLIC

My commission expires:



PAYMENT
DUE
DEC 31

ERIE COUNTY CONSERVATION LEAGUE INC.
P.O. Box 476 • Sandusky, Ohio 44871-0476
Renewal and Membership Application

	NAME (Please Print)	RENEW*	NEW*
SENIOR (at least 19 years old)		\$100.00 Includes Tax	\$200.00 Includes Tax
ASSOCIATE (Spouse of Senior Member)		\$50.00 Includes Tax	\$100.00 Includes Tax
JUNIOR(S) (under 19 years old)		\$5.00 Includes Tax	\$10.00 Includes Tax
LIFE		N/C	N/C

STREET _____ CITY _____ ZIP _____

Phone (____) _____ Sponsor (if new) _____

Birth Date _____ E-mail _____

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

(signature) (date) (occupation)