

## ECCL MEMBERSHIP APPLICATION

Please print clearly and legible for processing. Only one person per application. If you would like to add an associate or junior they must fill out a separate application. Please print applications single page only no 2 sided documents will be accepted.

Applicants accepted for membership are required to attend our general meeting and safety orientation to complete processing and become a member. General Meetings are held the 1<sup>st</sup> Thursday of each month at 7 pm. Your safety orientation will follow the General Meeting unless notified of a change. New members will receive a letter of acceptance and instruction on which monthly General Meeting to attend.

Each section of this application must be completed in full and the notarized section is required for senior, associate and junior applications. A check for fees must be attached to the application for processing. All applications must have a current club member sponsor. Sponsors must be in good standing with no less than 1 year active senior, associate or life membership. Incomplete applications will be returned with a letter of explanation and will have the opportunity to make any corrections and reprocess.

Applications are to be mailed to: ECCL, PO Box 476, Sandusky Ohio 44871-0476. Please make checks payable to the *ECCL or Erie County Conservation League*.

### SENIOR MEMBER:

A Senior member shall be an adult age 19 or older whose initial application has been sponsored by another Senior, Life, or Associate Member.

**January thru June - \$225** Includes \$100 application fee and \$125 dues

**July thru October - \$162.50** Includes \$100 application fee and \$62.50 dues

### ASSOCIATE MEMBER:

Age 19 or older, whose **spouse** is a current Senior or Life Member.

**\$100** Includes \$50 application fee and \$50 dues

### JUNIOR MEMBER:

A Junior Member shall be a person **under** 19 years of age whose application has been endorsed by a Senior, Life, or Associate Member.

**\$10** Includes \$5 application fee and \$5 dues

You may call the clubhouse at 419-499-2400  
or email [ecclclubhouse@gmail.com](mailto:ecclclubhouse@gmail.com).

The ECCL is only accepting 15 Senior members each month.

**PRINT CLEARLY**

**Date** \_\_\_\_\_

MEMBERSHIP APPLYING FOR: **SENIOR** \_\_\_\_\_ **ASSOCIATE** \_\_\_\_\_ **JUNIOR** \_\_\_\_\_  
Initial Initial Initial

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_ RETIRED \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

SPONSOR X \_\_\_\_\_ X \_\_\_\_\_  
PRINT SPONSOR - REQUIRED SPONSOR SIGNATURE - REQUIRED

**HISTORY:**

**PLEASE FILL IN THE BLANKS WITH NUMBER OF YEARS OR EXPERIENCE.**

**MILITARY:** YES \_\_\_\_\_ NO \_\_\_\_\_ CERTIFICATES OF CERTIFICATION \_\_\_\_\_  
(PLEASE SPECIFY)

**PARTICIPENT:** HUNTER \_\_\_\_\_ HANDGUN \_\_\_\_\_ RIFLE \_\_\_\_\_ HIGH POWER \_\_\_\_\_ OTHER \_\_\_\_\_

**COMPETITION:** TARGET \_\_\_\_\_ TRAP & SKEET \_\_\_\_\_ ARCHERY \_\_\_\_\_ BULLSEYE \_\_\_\_\_ ACTION \_\_\_\_\_

**HUNTING:** WATERFOUL \_\_\_\_\_ SMALL GAME \_\_\_\_\_ BIG GAME \_\_\_\_\_ BOW \_\_\_\_\_ FISHING \_\_\_\_\_ OTHER \_\_\_\_\_

**ARE YOU A CURRENT MEMBER OF ANOTHER CONSERVATION OR SHOOTING CLUB?** PLEASE SPECIFY \_\_\_\_\_

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**HOW LONG HAVE YOU OWNED A FIREARM?** \_\_\_\_\_ **NUMBER OF YEARS SHOOTING.** \_\_\_\_\_

**ON REVIEW OF THIS APPLOCATION, IF YOU HAVE NO FIREARM EXPERIENCE OR ARE A BEGINNER, YOU WILL BE REQUIRED TO COMPLETE A FIREARM SAETY COURSE WITH A QUALIFIED INSTRUCTOR AND PRESENT PROOF OF COMPLETION OF A QUALIFIED FIREARM SAFETY COURSE WITH THIS APPLICATION.**

## DECLARATION AND LIABILITY HISTORY

### DECLARATION REGARDING MATERIAL ASSISTANCE / NONASSISTANCE TO A TERROIST ORGANIZATION:

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.

**In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code for each question, initial "yes" or "no" in the space provided. Responses must be truthful.**

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** \_\_\_\_\_

**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. Any false statement will be grounds for denial, suspension, revocation or other disciplinary action taken by the Erie County Conservation League.

**RELEASE OF LIABILITY :**

In consideration of my application and permitting me to participate in all activities on the Erie County Conservation League Inc. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:**(A) I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to, **THE FOLLOWING ENTITIES OR PERSONS: (ECCL)** officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event volunteers; **(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that the (ECCL) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the (ECCL) I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the Maximum extent permissible under applicable law. **I CERTIFY THAT I HAVE READ THIS DECLARATION/LIABILITY, PAGES 2, 3, 4 OF THIS APPLICATION. AND I UNDERSTAND IT'S CONTENT AND MY ANSWERS ARE TO BE TRUE. I SIGN IT AT MY OWN FREE WILL.**

**APPLICANT** \_\_\_\_\_ **APPLICANT** \_\_\_\_\_  
Print Name Signature

**PARENT / GUARDIAN WAIVER FOR JUNIOR APPLICANTS:**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in membership of the ECCL, and has agreed individually and on behalf of the child or ward, to the terms of the Declarations and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties, because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the Parents or legal guardian.

**SIGNATURE PARENT / GUARDIAN** \_\_\_\_\_  
Print Signature

**FOR NOTARY USE ONLY:** STATE OF OHIO COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ (month) in the year \_\_\_\_\_, personally appeared before me, a notary public and for said county in the State of Ohio, knowledge the signing hereof to be his/her voluntary act and deed.

Notary Signature \_\_\_\_\_

Stamp seal below

My Commission Expires \_\_\_\_\_