

IZAAK WALTON LEAGUE OF LYNCHBURG, INC.

MEMBERSHIP APPLICATION

Name (First) _____ (MI) _____ (Last) _____ Date _____
Street Address _____ City _____ State _____ Zip _____ Phone _____
Age _____ Occupation _____ Employer _____
Email Address _____ Date of Birth _____

Your membership includes access to our Walton Park facilities for your spouse and dependent children. Please provide the following information for family members: Enter N/A if not married.
Spouse's Birthday (MM/DD) _____ Ages of Dependent Children _____

Please indicate the Committee(s) that you would like to serve on (pick at least one):
Camping ___ Archery ___ Rifle & Pistol ___ Trap & Skeet ___
Conservation & Lake Management ___ Park Maintenance & Improvement ___
Park Promotion ___ Financial Planning ___ Forestry Management ___

According to the date of this application, a new member is eligible for one of the following options. Please initial on the line beside the option that applies to your membership.

_____ OPTION A: I understand that since I am joining Izaak Walton League of Lynchburg (IWLL) before September 1, my membership is \$235 (includes one time \$50.00 initiation fee) and is considered a full local and national membership through the end of this calendar year.

_____ OPTION B: I understand that since I am joining the IWLL on or after September 1, my membership is \$235 (includes one time \$50.00 initiation fee) and I will receive free local membership through the end of the calendar year and full local and national membership from January 1 through December 31 of the next calendar year.

Our members are expected to be of good moral character, to respect the rights of others and use the Park in accordance with the rules and regulations established by the Board of Directors. Therefore, we must have your signature on the statement below indicating your willingness to comply. All applicants are subject to criminal background checks.

I, the undersigned, hereby understand and agree that I, my guests, and members of my family using my membership card for admittance to IWLL Park have an obligation to abide by the rules and regulations of the Park. I understand and agree that failure to do so or misconduct while on Park property by myself, my guests, or any member of my family using my card for Park privileges will make my membership subject to cancellation by the Board of Directors. The Board's decision will be final.

Signed: _____ Date: _____
Signature of Applicant

**Application and fee may be paid to Park Supervisor or mailed to
Izaak Walton League of Lynchburg, PO Box 4002, Lynchburg, VA 24502
Make checks payable to "IWLL"**

THE IZAAK WALTON LEAGUE OF LYNCHBURG

_____ RIFLE & PISTOL MEMBERSHIP: I would also like to join the Rifle & Pistol range. The yearly range fee is \$30. I understand that I must also be a NRA member. Please fill in your NRA membership number _____ and expiration date _____ if you are a current NRA member, or see #2 below.

Rifle & Pistol Range Requirements

1. IWLL members who wish to have access to the 300-yard rifle range, and the 50yard pistol range, also need to send **\$30 per year** to IWLL. These additional dues are for range insurance, improvements and maintenance.
2. The range liability insurance policy is carried under a National Rifle Association (NRA) Master Policy. All new range members must either already be NRA members, or submit their membership application and payment to the NRA through IWLL.
3. IWLL also requires that all range members successfully complete a **RANGE SAFETY TRAINING COURSE** and test. Classes are held at the Park monthly. Upon receipt of the \$30 range dues payment, proof of NRA membership, and safety course completion, you will receive the range road lock combination that allows you entry to the range. For additional information and safety class schedule, call the Park Supervisor at 434-929-2602. (You can also check our website at www.iwll.org.)

*Signature: _____ Date: _____
Signature of R&P Applicant

*Enter N/A on signature line if not applying for R&P Membership.

To be completed by Membership Secretary

Board Approval Date: _____

Amount Received: _____ Check #: _____