

Membership Application
Loudoun County Chapter of the Izaak Walton League of America
P.O. Box 1338, Leesburg, Virginia 20177-1338
(703) 777-9684 or www.loudouniwl.org

Any person who complies with the admission requirements of the said Loudoun County Chapter shall be eligible for membership in the Loudoun County Chapter of the IWLA.

PLEASE FILL IN ALL BLANKS BELOW – PRINT LEGIBLY

Circle membership type: Individual Family Senior Sr Family Youth Student

You may be asked to show identification to verify eligibility for Senior, Sr Family, Youth, or Student memberships.

Applicant Name: _____

For family memberships only – name of second adult member: _____

Mailing Address-Street: _____

Mailing Address-City, State, ZIP: _____

Home Telephone: _____ Work Telephone: _____ Mobile Phone: _____

Email: _____ Date of Birth (Youth, student and senior members): _____

Are you a firearms or archery instructor? List ratings/certifications held: _____

Do you have any skills that you are willing to use to help the Chapter? Please list: _____

How did you hear about our chapter? _____

Please select *three (3)* committees by numbering them 1-3 in order of preference that you would like to be assigned. One is the first choice and 3 being the third or last choice.

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|----------------------|----------------------------|--------------------------|----------------------|
| Archery Range _____ | Capital Improvements _____ | Chapter House _____ | Communications _____ |
| Finance _____ | Grounds Maintenance _____ | Membership _____ | Orientation _____ |
| Outdoor Ethics _____ | Pond _____ | Rifle/Pistol Range _____ | Scholarship _____ |
| Skeet Range _____ | Training _____ | VA SOS _____ | YHEC _____ |
| Other _____ | | | |

Please tender cash or a check for the **initiation fee** plus **annual membership dues** payable to the **LCC-IWLA** with this application. Your membership will begin after a vote of approval by the general membership and your payment has cleared the bank.

Signature of applicant: _____ Date: _____

Signature of sponsoring member: _____ Print Name _____

Signature of sponsoring member: _____ Print Name _____

** Personally identifiable information, such as name and address, may sometimes be made available to other non-profit organizations and occasionally to for-profit organizations -- unless you request otherwise. Email addresses are not released to other third parties. Whether or not you choose to share your information will have no impact on your interaction with us. If you would not like to have your name traded with other companies, just tell National IWLA. You can opt-out by sending National IWLA a note with your label from your *Outdoor America* magazine and your membership identification number. You can also opt-out on-line by sending National IWLA an email at members@iwla.org requesting that your name be excluded. Please provide your name, address and membership number. National IWLA will not provide any of your personal information to other organizations if you elect to keep your record private. **

APPLICANT MUST ATTEND A GENERAL MEMBERSHIP MEETING

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Complete Address: _____ Cash/Check: _____ Check Number: _____ Rcvd By/Date: _____

Attended: _____ Gen Approval: _____ Web 20090120

**IZAACK WALTON LEAGUE OF AMERICA
LOUDOUN COUNTY CHAPTER**

WAIVER AND RELEASE

I do hereby for myself, and for my heirs, relations, executors, administrators, and other interested parties agree to irrevocably release and forever discharge the Loudoun County Chapter, Izaak Walton League of America (known hereafter as LCC-IWLA) established in the Commonwealth of Virginia, and all LCC-IWLA officers, directors, agents, and employees acting in their official capacity from any and all causes of action, claims, demands, costs expenses, and liabilities of any kind because of my death my injury/harm, my illness (physical and/or mental), and any damage to, or destruction of personal property which may occur or arise from my presence on LCC-IWLA property, use of any LCC-IWLA facilities, and/or my participation in any LCC-IWLA activities.

I further agree to hold harmless and waive any and all of my rights for causes of action, claims and demands against the LCC-IWLA and all LCC-IWLA officers, directors, agents, and employees for any death, injury/harm illness (physical and/or mental), and any damage to, or destruction of, personal property that would befall my family members, invited and uninvited guests, and all other parties, who, because of my words, deeds and/or actions, are on LCC-IWLA property, use LCC-IWLA facilities and/or attend any LCC-IWLA activity.

I understand that, unless appointed by authorized LCC-IWLA officials, I will not represent myself or act as an agent of the LCC-IWLA. I declare that I attend LCC-IWLA activities and functions in a voluntary capacity, and understand that there are risks and dangers, expected and unexpected, associated with the use of LCC-IWLA facilities, and attendance at LCC-IWLA activities. While present on LCC-IWLA property, attending LCC-IWLA activities, and/or using LCC-IWLA facilities I am willing to assume and accept any and all associated and attendant risks and dangers to my person and personal property, and accept sole and complete responsibility for any and all of my deeds and actions which may result in death, injury, or harm to other persons, and/or property of others.

This release form is in effect as long as I am a member of the LCC-IWLA, and/or me LCC-IWLA facilities, attend LCC-IWLA activities and present an LCC-IWLA property, but in no event will it exceed any term governed by the laws of the Commonwealth Virginia

The rules of the LCC-IWLA and this Waiver/Release as of the signature date below have been presented and explained to me, and reviewed by me. By my signature on this document I hereby understand, agree to, accept, and abide by this Waiver/Release, and the LCC-IWLA rules.

SIGNATURE _____ DATE _____

PRINTED NAME _____