F A M I L Y Membership Application

Lincoln Izaak Walton League - Chapter #65 PO Box 6755, Lincoln, NE 68506

(A Family Membership is available to TWO (2) adults over the age of 18 that live in the same household.)

Supporting conservation of our natural resources

PLEASE PRINT CLEAR	Today's Date	
Family Member #1 Name (First, Mid Ir		
Family Member #2 Name (First, Mid Ir	nitial, Last)	
Address	City	State Zip
Member #1 Phone	Email	
Member #1 Employer	Mem	nber #1 Position
Member #2 Phone	Email	
Member #2 Employer	Mem	nber #2 Position
		n a firearm? (Answer YES or NO) what is your number?
		n a firearm? (Answer YES or NO) what is your number?
The monthly Lincoln Izaak Walton	League newsletter will be sent to mer	mbers via email address unless otherwise noted.
Range Maintenance	volunteer your services for: _ Political Issues New S New Construction Other (ex	Shooter Instruction Hunter Safetyexplain)
*We are a vol	unteer organization and your s	support of such is appreciated.
Membership Y	ear: January 1, 20	024 - December 31, 2024
[] Membership and Rifle/Pisto	l card 7/25/75/100 yard ranges	\$ 260.00
[] Membership and Self-Use Auto Trap Card (Plus targets thrown)		\$ 260.00 \$ 235.00 \$ 300.00 \$ 195.00 \$ 20.00 \$ 20.00 \$ \$
[] Membership, Rifle/PistolCard and Self-loading trap card (Plus targets)		rgets) \$ 300.00
[] Ike's Membership ONLY (no	range privileges)	\$ 195.00
[] Gate Key-Card one time dep	oosit	\$ 20.00
[] Trap Reading Target Card (o	ne time deposit - not due each year)	\$ 20.00
[] I would also like to give a ch	aritable donation to the Lincoln Ikes.	. \$
CHECK # DA	ATE//	\$ TOTAL
exempt non-profit organization. All donation ALL RANGE CARDS FOR NEW	ons, big and small, are charitable contributions on MEMBERS REQUIRE ORIENTA	ts, at 402.466.9040 or wsheets@radiks.net. We are a 501(c)(3) taxand as such are tax deductible and are warmly welcomed. ATION OF RANGE RULES AND SAFE TRAP USE.
	nberships are subject to approval b	by the Boara of Directors.
* I agree to comply with the range responsibilities for any other per * I understand that if I or anyone of League property, I will be held re		Izaak Walton League and accept full e. r otherwise disfigures the Lincoln Izaak Walton
Signature of Member #1/	Applicant	Date
Signature of Member #2/Applicant		

PAYMENT OPTIONS:

Amount of Transaction \$	Signature	
Expiration Date: Month	Year 2 0	C V V #:
Account #		
I would like to cover the cred	lit card processing fees for this payment (fees	are generally 3.25-4.25%).
3) Credit Card: Visa, Mastercard, or Discov	ver Card (complete the following information	below):
2) Check - Please make your check payable	e to the: Lincoln Izaak Walton League	
1) Cash		

(OFFICE USE	ONLY)
Payment Processed / Deposit	
lincolnikes	
iwla	
Renewal #24	
Master Memberships xls	
Gate Card	
Trap Card	
2024 Membership Card	