R E G U L A R Membership Application

Amount of Transaction \$_____ Signature ___

Lincoln Izaak Walton League - Chapter #65

PO Box 6755, Lincoln, NE 68506

Supporting conservation of our natural resources Call Wes at 402.466.9040 for Family, Youth, Student or Life member classifications.

PLEASE PRINT CLEARLY			Today's Date			
Name (First, Middle Initial, Last)			Date of Birth			
AddressCity						
Phone	(H)(C)(W) Email					
Present Position						
	er Education certificate	e? If so, what is	your nur			
The monthly Lincoln Izaak Walton	_	ent to members via	emaii aad	aress uniess otne	erwise notea.	
Would you like to be called to v Conservation Activities Range Maintenance *We are a volu	olunteer your services fo Political Issues	New Shooter In Other (explain)				
Membership Year: J	anuary 1 2025 th	rough Decer	nher 3	1 2025		
•	embership RENEWAL OR				(OFFICE USE ONLY)	
[] Membership and Rifle/Pistol	·		Ś	195.00	(OTTICE OSE ONET)	
[] Membership and Self-Use Au		=	Ś	170.00		
[] Membership, Rifle/PistolCard and Self-loading trap card(Plus targets)			\$ \$ \$	235.00		
[] Gate Key-Card (REQUIRED one time deposit for New Members)			Ś	20.00		
Trap Reading Target Card (REQUIRED one time deposit for New Members)				20.00		
[] Ike's Membership ONLY (no range privileges)			\$	130.00		
I would also like to give a charitable donation to the Lincoln Ikes.			Ś	130.00		
CHECK # DA			<u>,</u>		TOTAL	
			y		•	
If you would like more information, please c exempt non-profit organization. All donation						
ALL RANGE CARDS FOR NEW All member	I MEMBERS REQUIRE C erships are subject to a				AFE TRAP USE.	
I certify as follows:						
* All information provided in this application is true and correct to the best of my knowledge.						
* I agree to comply with the range rules and procedures of the Lincoln Izaak Walton League and						
accept full responsibilities for any other person(s) accompanying me to the range.						
* I understand that if I or anyone else in my party damages, destroys or otherwise disfigures the						
Lincoln Izaak Walton League property, I will be held responsible.						
* I will see that the proper fir	earm safety and proce	dures are pract	iced at a	ll times.		
Signature of Member/A	 nnlicant			Date		
_	•			2 0.00		
MEMBERSHIP PAYMENT 1) Cash	OPTIONS:					
2) Check - Please make your check	payable to the: Lincoln Izaa	ak Walton League				
3) Credit Card: Visa, Mastercard, or I would like to cover the						
Account #						
Expiration Date: Month	Year 2 0		(C V V #:		