

# INDIVIDUAL / REGULAR Membership Application

Lincoln Izaak Walton League - Chapter #65

PO Box 6755, Lincoln, NE 68506

Supporting conservation of our natural resources

Call 402.474.6555 for Family, Youth, Student or Life member classifications.

PLEASE PRINT CLEARLY

Today's Date \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (H)(C)(W) Email \_\_\_\_\_

Present Position \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Are you allowed to legally own a firearm? (Answer YES or NO)

\_\_\_\_\_ Do you have a Hunter Education certificate? If so, what is your number? \_\_\_\_\_

The monthly Lincoln Izaak Walton League newsletter will be sent to members via email address unless otherwise noted.

## VOLUNTEER OPPORTUNITIES:

Do you have a specific area that you would like to volunteer at our Lincoln Ikes? Please share:

***\*We are a volunteer organization and your support of such is appreciated.***

### Membership Year: January 1, 2026 through December 31, 2026

check one  Membership RENEWAL OR  NEW Membership

(OFFICE USE ONLY)

<input type="checkbox"/> Membership and Rifle/Pistol card 7/25/75/100 yard ranges	\$ 195.00	
<input type="checkbox"/> Membership and Self-Use Auto Trap Card (Plus targets thrown)	\$ 170.00	
<input type="checkbox"/> Membership, Rifle/PistolCard and Self-loading trap card(Plus targets)	\$ 235.00	
<input type="checkbox"/> Gate Key-Card (one time deposit required for New Members)	\$ 20.00	
<input type="checkbox"/> Trap Reading Target Card (one time deposit required for New Members)	\$ 20.00	
<input type="checkbox"/> Ike's Membership ONLY (no range privileges)	\$ 130.00	
<input type="checkbox"/> I would also like to give a charitable donation to the Lincoln Ikes.	\$	

CHECK # \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ TOTAL

### NEW MEMBERS ONLY: Year + Membership for July 1, 2026 - December 31, 2027

<input type="checkbox"/> Membership and Rifle/Pistol card 7/25/75/100 yard ranges	\$ 260.00	
<input type="checkbox"/> Membership and Self-Use Auto Trap Card (Plus targets thrown)	\$ 235.00	
<input type="checkbox"/> Membership, Rifle/PistolCard and Self-loading trap card(Plus targets)	\$ 300.00	
<input type="checkbox"/> Gate Key-Card (one time deposit required for New Members)	\$ 20.00	
<input type="checkbox"/> Trap Reading Target Card (one time deposit required for New Members)	\$ 20.00	
<input type="checkbox"/> Ike's Membership ONLY (no range privileges)	\$ 195.00	
<input type="checkbox"/> I would also like to give a charitable donation to the Lincoln Ikes.	\$	

If you would like more information, please call 402.474.6555 or email at [ikes.lincoln@gmail.com](mailto:ikes.lincoln@gmail.com). We are a 501(c)(3) tax-exempt non-profit organization. All donations, big and small, are charitable contributions and as such are tax deductible and are warmly welcomed.

CHECK # \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ TOTAL

**ALL RANGE CARDS FOR NEW MEMBERS REQUIRE ORIENTATION OF RANGE RULES AND SAFE TRAP USE.**

*All memberships are subject to approval by the Board of Directors.*

## I certify as follows:

\* All information provided in this application is true and correct to the best of my knowledge.

\* I agree to complete the League's Release of Liability Waiver Form and the Range Rules and Acknowledgment Agreement, to comply with the range rules and procedures of the Lincoln Izaak Walton League, and accept full responsibility 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 firearm safety and procedures are practiced at all times.

\_\_\_\_\_  
Signature of Member/Applicant

**MEMBERSHIP PAYMENT OPTIONS:**

1) Cash

2) Check - Please make your check payable to the: **Lincoln Izaak Walton League**

3) Credit Card: Visa, Mastercard, or Discover Card (complete the following information below):

\_\_\_\_\_ I would like to cover the credit card processing fees for this payment (fees are generally 3.25-4.25%).

Account # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year 2 0 \_\_\_\_\_ C V V #: \_\_\_\_\_

Amount of Transaction \$ \_\_\_\_\_ **Signature** \_\_\_\_\_