

Guernsey County Sportsmen for Conservation  
Membership Application and Survey

Date: \_\_\_\_\_

New members will be placed on one-year probationary period. During your first year you will be required to attend five (5) work parties or help at club fund raising activities. Any suggestions for projects or programs are appreciated.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Spouses' Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Shift \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Application Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Application Fees are not refundable.

Briefly explain why you want to join our organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERESTS**

**Please circle the activities listed, which you currently participate in:** Hunting Fishing  
Bow Hunting Trapping Muzzle Loading Trap Shooting Sporting Clays Hi-Power Rifle  
Do you hunt out of state? \_\_\_\_\_ Fish out of state? \_\_\_\_\_ If so, where? \_\_\_\_\_  
Would you be willing to help put on a seminar/display on whatever type of hunting or fishing  
interests you? \_\_\_\_\_

**What areas of the club activities are you willing to help? Please circle:** Archery  
Grounds Keeping Fishing Tournaments Ranges Hunter Education Kitchen/Concessions

**I HEREBY APPLY FOR MEMBERSHIP IN GUERNSEY COUNTY  
SPORTSMEN FOR CONSERVATION. I CERTIFY THAT I AM A CITIZEN OF GOOD  
REPUTE OF THE UNITED STATES OF AMERICA AND DO NOT BELONG TO ANY  
ORGANIZATION THAT ADVOCATES INSURRECTION OR OVERTHROW OF OUR  
GOVERNMENT. I ALSO UNDERSTAND THAT IF I AM CONVICTED OF ANY  
GAME VIOLATION, CRIMINAL ACT, WILDLIFE VIOLATION OR FELONY, I  
WILL BE SUBJECT TO A BOARD HEARING. THE BOARD CAN TAKE  
DISCIPLINARY ACTION THAT INCLUDES ANYTHING UP TO AND INCLUDING A  
SUSPENSION OR EXPULSION FROM THE CLUB.**

First endorsement \_\_\_\_\_ Second endorsement \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual Membership \_\_\_\_\_ Life Member \_\_\_\_\_

Your presence at the meeting your application is presented and the next meeting is requested.  
Dues should be paid at the time of application. Exception will be allowed for conflicting work /  
school schedules and emergencies. Meetings are held the 3<sup>rd</sup> Tuesday of each month at 7:30 pm.  
Send any questions to Guernsey County Sportsmen for Conservation, P. O. Box 696, Cambridge,  
OH 43725.

1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ Approved \_\_\_\_\_

**Sportsmen for Conservation  
Hold Harmless Agreement  
1/01/2010 – 12/31/2010**

First Name \_\_\_\_\_ Init. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Event Dates: 2010**

**DECLARATION: I desire to participate at my own risk in the activities provided by Sportsmen for Conservation. I represent that I will take all safety precautions necessary thereto, assuming sole and full personal responsibility for ensuring that all reasonable foreseeable safety requirements are met to my personal satisfaction prior to my active participation in such activity. I state that I am in good health, physically fit to engage in this activity. I have no medical condition which could foreseeably jeopardize my safety during such participation or be aggravated by such participation. As a condition precedent to my being permitted to engage or participate in such activity, I personally hereby forever release, acquit, discharge, indemnify and hold harmless the Sportsmen for Conservation, its' agents, officers and employees, from any and all causes of action, including personal injury, illness, death and property damage, costs, charges, claims, demands, and liabilities of whatever kind, name or nature in any manner arising out of or in connection with my participation in the yearly activities provided by the club, whether on the club grounds or elsewhere.**

Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Print Name of Participant \_\_\_\_\_