



Tioga County Sportsmen's Association

1141 Carmichael Road

P.O. Box 598

Owego, NY 13827

607-687-3168

membership@tiogasportsmens.com

Membership Application

General Information:

- Memberships are: Individual, Husband/Wife, Life Members and Family which include all dependents under 18 living in the same household.
- Annual membership expires on August 31st of each year.
- The primary member's signature is needed on the indemnification statement.
- This form must be completely filled out each renewal year.
- A member making application for Life Membership must be in good standing for the previous 5 years and present proof of age.
- All members must wear their membership card on the outside of their clothing while on the TCSA club grounds. Family members under 18 must be accompanied by and under the supervision of a parent or guardian while on club property.
- **New members are required to attend a Rules and Safety orientation by the President.**
- A fee of \$20.00 will be charged for a replacement membership card.

Membership Levels:

(place check in appropriate level)

	Individual	\$60.00
	Husband/Wife	\$70.00
	Family	\$85.00
	Life Member (23-49)	\$700.00
	Life Member (50-64)	\$500.00
	Life Member (65 and older)	\$300.00

Please print all information clearly and concisely

Primary Member Name: _____

Spouse's Name (for Husband/Wife membership):

Names for Family Membership: (must be 18 years of age and related to Primary member):

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email address:** _____

Are you willing to volunteer to help with Club improvements and/or events?

_____yes _____no

Permission to Use Images:

You and your family members may appear in pictures that are taken during club events. These images may be used within club communications (print, Website, Facebook). Indicate your preference for the use of such images.

_____ I give consent. _____ I do not give consent

Indemnification:

I hereby release, exonerate, and discharge the Tioga County Sportsmen’s Association, its officers and members both collectively and individually, of any and all liability for loss and damages which I may suffer or sustain either in property or personal injuries. I agree to assume and hereby assume all risks to myself and any and all third parties and their property from wrongdoing or negligence on the part of myself or my guest and further agree to pay for all damages occurring as a result of such wrongdoing or negligence and to hold the Tioga County Sportsmen’s Association blameless and free there from. I agree to abide by all club rules and bylaws and assist in the betterment of the club as needed.

Primary Member Signature: _____ Date: _____

Note: by signing the indemnification, the person noted above agrees to abide by all club rules written herein and those posted, including the locking of the gates when entering and exiting the gates and agrees not to provide their membership card or gate combination to any person. Failure to abide by these rules will result in immediate revocation.

PLEASE RETURN THE COMPLETED FORM WITH YOUR CHECK PAYABLE TO TIOGA COUNTY SPORTSMEN’S CLUB TO THE ADDRESS NOTED BELOW:

**TIOGA COUNTY SPORTSMEN’S CLUB
P.O. BOX 598
OWEGO, NY 13827
ATTN: TREASURER**

THANK YOU.