



Tioga County Sportsmen's Association

1141 Carmichael Road Owego NY 607-687-3168

Mailing address: PO Box 598, Owego NY 13827

Website: tiogasportsmen.com

*Membership categories are as noted on the opposite side of this application paperwork.

*Annual memberships expire on August 31st of each year. (This does not include Lifetime.)

*RFID card ceases to open the gate on September 15th if no renewal is processed.

*The primary member is required to sign the indemnification statement.

*Family members must be accompanied by and supervised by a parent or guardian while on the Association's property. Family members are defined as household occupants less than 18 years of age.

***Members requesting a Lifetime Membership designation are required to provide details as determined by the Board of Directors. Contact the President for additional information and an application.**

*RFID gate access replacement or secondary cards will be charged a separate fee as established.

*New members or members that are renewing after an absence, are required to **attend a Rules & Safety Orientation Session**. Contact the Association President for information or visit the website for details.

*The RFID card is your Association identification along with a valid photo ID.

*Any non-member (guest) is required to be accompanied, (the entire time on the grounds) by a current member. The member is responsible for the actions of their non-member guest.

*Guest information paperwork is available at the entrance KIOSK at the driveway. Please fill out the paperwork legibly and place the payment and paperwork in the locked box provided.

*FOR MEMBERSHIP PROCESSING, PLEASE RETURN THIS COMPLETED FORM WITH YOUR PAYMENT.

*Payment may be made in cash, check or money order or via PAYPAL accessed through the website tiogasportsmen.com

*Checks should be payable to Tioga County Sportsmen's Association. Mail to:

Membership Coordinator
Tioga County Sportsmen's Association
PO Box 598
Owego New York 13827

*Please indicate level of consent for permission to use images:

You and/or your family members may appear in pictures that are taken during various events. These images may be used in certain communications, (print, website, Facebook). Please indicate a preference for use of such images. _____ I give consent. _____ I do NOT give consent.

(Please continue on the back)

TCSA MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY INCLUDING ALL REQUESTED INFORMATION

Check appropriate circle.

NEW MEMBERSHIP

RENEWAL OF MEMBERSHIP RFID # _____

RFID # 2nd Card _____

Please indicate requested designation. Membership Levels include:

Individual: \$60.00 per year. \$_____

Husband / Wife \$70.00 per year. \$_____ **RFID 2nd card available

Family, (household members <18 yrs) \$85.00 per year. \$_____ **RFID 2nd card available

NEW members: RFID Card Required ONE TIME Fee \$20.00

Replacement RFID Card ONE TIME Fee. ** \$20.00 **Lost RF Card # _____ (office use only)**

Total: \$_____

RFID CARD Information:

These cards are for identification and for accessing the Association's grounds via the electronic gate. This is a ONE TIME fee and is not required to be renewed annually with your membership. If you request a 2nd RFID card, that card requires a fee and is not required to be renewed as well. Lost cards being replaced, are assessed a fee due to the costs to the Association. Gate access is documented via database software.

Do not lose the card or loan your card to non-members.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Spouse name if applying for Husband / Wife Membership: _____

Spouse name if applying for Family Membership: _____

Indemnification: I hereby release, exonerate, and discharge the Tioga County Sportsmen's Association, its officers and members both collectively & 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. By signing, I agree to abide by all TCSA rules, directive signage and bylaws, assist in the betterment of the Association including care & security of / and to the Association's property & buildings.

Primary Member Signature: _____

Print name: _____ Date: _____

Membership Application Received By _____