



SUFFOLK-NANSEMOND IZAAK WALTON LEAGUE  
CHAPTER 48-135  
PO BOX 351 SUFFOLK, VA 23439

## Membership Application

**MEMBERS PLEDGE**

"TO STRIVE FOR THE PURITY OF WATER, THE CLARITY OF AIR, AND THE STEWARDSHIP OF THE LAND AND ITS RESOURCES; TO KNOW THE BEAUTY AND UNDERSTANDING OF NATURE AND THE VALUE OF WILDLIFE, WOODLANDS, AND OPEN SPACE; TO THE PRESERVATION OF THIS HERITAGE AND TO MAN'S SHARING IN IT. I PLEDGE MYSELF AS A MEMBER OF THE IZAAK WALTON LEAGUE OF AMERICA."

NAME: (First) \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_ (Suffix): \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HM PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

PRIM EMAIL: \_\_\_\_\_ ALT EMAIL: \_\_\_\_\_

Please provide a brief summary of yourself (i.e... interests, hobbies). \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Are you currently or have you been a member of a conservation related organization? Have you held an office at the local, state or national level? If so, please tell us which state, and/or chapter you were a member of and which positions you held. \_\_\_\_\_

---

---

Are you currently or have you served on any community based water quality related committees? If so, please tell us which organization and/or chapter you were a member and what your role was or is.

---

---

Have you supported or volunteered for any community based youth organizations conservation program (BSA, GSA, 4H, FFA) or other youth

conservation program (Ducks unlimited Green Wings, NRA Youth Hunter's Education Challenge)? If so, please tell us which organization and what your participation was. \_\_\_\_\_  
\_\_\_\_\_

Have you received any local, state or national recognition for your efforts? If so, please tell us when and what were you being recognized for? \_\_\_\_\_  
\_\_\_\_\_

Specify committee(s) on which you wish to participate ( see <http://sniwla.org/sniwla/committees/> ) \_\_\_\_\_  
\_\_\_\_\_

There is a nonrefundable fee of \$25.00 for processing all applications. Our members are expected to be of good moral character, to respect the rights of others and use the Park in accordance with the By-Laws and rules and regulations established by the Board of Directors. We must have your signature below indicating your willingness to comply. **All applications are subject to criminal background and sex offender registry checks.**

I, the undersigned, hereby understand and agree that I, my guests and members of my family have an obligation to abide by the rules and regulations of the Park. I understand and agree that failure to do so or misconduct while on Park property by myself, my guests or any member of my family will make my membership subject to cancellation by the Board of Directors without benefit of refund of chapter dues.

**TYPE OF MEMBERSHIP (Circle one):** STUDENT / INDIVIDUAL / FAMILY

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPONSORS NAME:** \_\_\_\_\_

**SPONSORS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

-----  
**DATES ATTENDED 2 PRIOR MEETINGS:** \_\_\_\_\_ / \_\_\_\_\_

**DATE SPONSOR APPEARED IN FRONT OF BOD:** \_\_\_\_\_

**BOD APPROVAL:** Yes or No

**DATE SWORN IN:** \_\_\_\_\_ **AMOUNT PAID:** \_\_\_\_\_ **CASH or CHECK**

**MEMBERSHIP DIRECTOR'S SIGNATURE:** \_\_\_\_\_