



SOUTH CUYAHOGA SPORTSMENS' ASSOCIATION, INC.
APPLICATION FOR MEMBERSHIP NEW/RENEWAL

PRINT LEGIBLY

I certify and assure, by "my signature on this document" that I have reviewed and agree to comply with the Constitution and By-laws of the South Cuyahoga Sportsmen's Association (the association) and the Southwest Cuyahoga County Sportsmen's Association the LLC. (hereinafter both referred to as "SCSA"). I further understand that failure to comply with this requirement may result in the immediate termination of my membership without refund.

In consideration of my obtaining access to SCSA grounds and facilities, and participation in SCSA sponsored events, I hereby fully and forever release and discharge, for myself and my estate, heirs, executors and assigns, SCSA, its trustees, officers, members and volunteers from any and all claims of whatever nature including, without limitation, personal injury and death, arising from or related to, directly or indirectly, any activities or events occurring on SCSA premises. I recognize and acknowledge the inherent risks of activities that occur on SCSA grounds. I voluntarily assume all risks involved in such access, activities and events on behalf of myself, my estate, heirs, executors and assigns and I further agree to indemnify, defend and save harmless SCSA, its trustees, officers, members and volunteers from all claims of any nature arising from or related to my access to SCSA grounds and participation in SCSA events or activities. I currently have no felony convictions and understand that a felony conviction is cause for automatic dismissal from SCSA. I am a registered voter and member of the NRA.

Membership Type: New	Renewal	Gold	Life	Check one
PRINT NAME: _____				
PRINT STREET ADDRESS: _____				
PRINT CITY, STATE, ZIP _____				Birthdate
PHONE NUMBER: (WITH AREA CODE) _____		Cell	Home	Work
EMAIL ADDRESS: (REQUIRED) _____				
SIGNATURE: _____			DATE: _____	

Junior	and Access	Members- Must be family of above member
PRINT NAME: _____		
PRINT STREET ADDRESS: _____		
PRINT CITY, STATE, ZIP _____		
PHONE NUMBER: (WITH AREA CODE) _____		Cell Home Work
YOUTH ONLY: _____	BIRTHDATE: _____	Age: _____
SIGNATURE OF JUNIOR PARENT OR LEGAL GUARDIAN: _____		
ACCESS SIGNATURE: _____		DATE: _____

Membership Checklist:

- Check or Money Order (SCSA)
- Membership Card (no photocopies)
- Proof of Current NRA Membership
- Signed Liability Release Form
- Self Addressed, Stamped Envelope

DUES:

Price Includes Raffle Tickets

Membership will NOT be processed if application is not complete and/or missing items from checklist.

MAIL TO: scsa@npeinc.com
5400 West 161st ST
Brook Park Oh 44142

Renewals can be paid by Mail and at General Meetings.

The SCSA Constitution and Bylaws/Rules and Regulations are on the www.scsasportsmen.com website under Members Only
 All fees and rules subject to change.

- \$ 182.00 Regular Member Renewal - 3 Work Parties
- \$ 236.00 Regular Member Renewal - 2 Work Parties
- \$ 290.00 Regular Member Renewal - 1 Work Party
- \$ 344.00 Regular Member Renewal - No Work Parties
- \$ 5.40 Junior/Access Member
- \$ 20.00 Gold Card (Raffle Tickets)
- \$ 582.00 New Member with Initiation and Land Assessment
- \$3032.00 Life Membership After 5 yrs
- \$2728.80 Life Membership After 6 yrs
- \$2425.60 Life Membership After 7 yrs
- \$2124.40 Life Membership After 8 yrs
- \$1819.20 Life Membership After 9 yrs
- \$1516.00 Life Membership After 10+ yrs