



**Arlington-Fairfax Chapter, Inc.**  
 Izaak Walton League of America  
 P. O. Box 366  
 Centreville, VA 20122-0366

# MEMBERSHIP RENEWAL

Your current membership expires **December 31, 2024**.  
 Renewals postmarked after **January 1, 2025**—Add \$40 late processing fee!  
**NO EXCEPTIONS!**

- (1) **PRINT LEGIBLY AND FILL IN ALL** required information on this form. Clearly indicate any changes.
- (2) **SIGN THE MEMBER RELEASE ON THE BACK** of this form and return the top part of form with your check made payable to AFC-IWLA.
- (3) Questions/payment arrangements? Call the office at **703-631-4495**. If necessary, leave your name and telephone number with your concern(s). Your inquiry will be answered as quickly as possible.
- (4) If being reassigned to area far removed from Northern Virginia for 2 years or more, inquire about Inactive/Reserve status.

If you believe you qualified for the \$50 Dues Credit, check here:

**Primary Member**

**Second Badge Holder**

Membership Type: \_\_\_\_\_

Membership ID #: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address—Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (H) \_\_\_\_\_  
 (C) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ARL-FX Membership Types	2025 Dues	Life & Benefactor Membership Types	2025 Dues
<input type="checkbox"/> RG—Regular	\$211.00	<input type="checkbox"/> LF—National Life Regular	\$161.00
<input type="checkbox"/> RGD or R or S—Regular (Disabled, Remote, or Senior)	\$171.00	<input type="checkbox"/> LB—National Life Benefactor	\$161.00
<input type="checkbox"/> FM—Family Regular	\$311.00	<input type="checkbox"/> LFD or R or S—National Life (Disabled, Remote, or Senior)	\$121.00
<input type="checkbox"/> FMD or R or S—Family (Disabled, Remote, or Senior)	\$236.00	<input type="checkbox"/> FL—Family National Life Regular	\$236.00
<input type="checkbox"/> ST—Student	\$152.00	<input type="checkbox"/> FLD or R or S—National Family Life (Disabled, Remote, or Senior)	\$161.00
		<input type="checkbox"/> FB—Family Benefactor	\$236.00
		<input type="checkbox"/> FBD or R or S—Family Benefactor (Disabled, Remote, or Senior)	\$161.00

Remote—Residence is over 50 miles from the Chapter.

Senior—Age 60 or over as of 12/31/2024.

My check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ made payable to AFC-IWLA is enclosed.

**PLEASE SIGN THE MEMBER RELEASE ON BACK OF THIS STATEMENT BEFORE RETURNING**

**Detach here and submit the TOP portion with payment**



**RETAIN THIS PORTION FOR YOUR RECORDS**  
 Arlington-Fairfax Chapter, Inc.—Izaak Walton League of America



2025 Membership Dues Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Check No. \_\_\_\_\_

For tax purposes. Regular (RG) members may claim a \$57 deduction and Family (FM) members may claim \$93.50. Life Regular (LF) (LB) members may claim a \$7 deduction and Family Life (FL) (FB) members may claim \$8. Students (ST) may claim \$42.  
 The Izaak Walton League of America, a non-profit conservation organization, is recognized as a Section 501(c)(3) public charity under the Internal Revenue Code. Minimum National dues are \$40 for individuals and \$60 for family memberships, which includes the *Outdoor America* magazine. Magazine is inseparable from dues. Chapter and Division dues may vary.

# Member Release

**Range badges, membership cards, and the gate combination will not be furnished unless the completed release statement has been received by the Chapter. If this is a family membership, then both parties must sign.**

## Release Statement

In consideration of the permission granted to me to use the pistol, rifle, skeet, trap, and archery ranges and other facilities of the Arlington-Fairfax Chapter, Incorporated, of the Izaak Walton League of America, Centreville, Virginia, I do hereby for myself, my heirs, executors, and administrators, irrevocably release and forever discharge the Arlington-Fairfax Chapter, Incorporated, of the Izaak Walton League of America (hereinafter "ARL-FX IWLA") and all of its officers, directors, agents, and employees, acting in or under color of his or her official capacity, from any and all claims, demands, actions or causes of action, costs, charges, and liabilities of whatever kind, on account of my death or on account of any injury to me which may occur from any cause during my use of its ranges and/or facilities.

This release is intended to cover all injuries, fatal or nonfatal, and illness of every name, type, kind, or nature and personal property damage, if any, which may be sustained or suffered from any cause whatsoever connected with or arising out of or by reason of participating in the aforementioned activities. I know the risks and unexpected dangers involved in said activities and assume all risks of injury to my person and property that may be sustained in connection with the stated and associated activities, in and about the installation.

I further agree that I will indemnify and will hold harmless the ARL-FX IWLA and all officers, directors, agents, and employees there of from any and all costs, charges, claims, demands, and liabilities of any kind arising from the improper or negligent actions of the undersigned while participating in the activities of its property.

I have reviewed the ARL-FX IWLA range safety rules and the Chapter ground rules and I understand and agree to abide by all the provisions therein. I have read and understood the foregoing release. I certify that my attendance and participation in activities at the ARL-FX IWLA is voluntary.

This release form is in effect as long as I am a member of the ARL-FX IWLA, or for so long as I may use the aforesaid ranges and/or facilities, both now and at any future times, but in no event longer than is permitted by applicable law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Signature (Second Badge Holder)

\_\_\_\_\_  
Date

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## IWLA Pledge



To strive for the purity of water, the clarity of air, and the wise 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 mankind's sharing it, I pledge myself as a member of the Izaak Walton League of America.

Questions/payment arrangements? Call the Chapter office at 703-631-4495. If necessary, leave your name and telephone number with your concern(s). Your inquiry will be answered as quickly as possible. Office hours 1 p.m. – 4 p.m. every Tuesday AND EVERY Saturday from 9 a.m. – 1 p.m., excluding holidays.