# **Individual Membership Application:**

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## (Please Print)

(Last	) (F	'irst)	(M/I)		
		(c)			
Address					
		(w)	)		
City		County			
MDC Region	State	Zip (+4)	+		
E-Mail					
Missouri Hunter Edu	cation Instructor Number	#			

(Required to teach hunter education class portion of clinics)

## **MEMBERSHIP CATEGORIES:**

**Member**......**\$ 35.** (Voting rights in accordance with MHHF Constitution)

Life Member......\$500. (Voting rights in accordance with MHHF Constitution)

### PLEASE NOTE: Membership fees (except life members) are due annually.

Individual members (except life members) will be considered paid in full for one year from their date of acceptance. Membership is subject to approval by MHHF Board of Directors. MHHF is a 501(c)(3) tax exempt non-profit corporation. Information on this form will not be shared with commercial entities.

### MHHF Member Memorandum of Understanding (MOU) must be submitted with this application.

Signature\_\_\_\_\_

\_Date \_\_\_\_ / \_\_\_\_

Please make payment to: MHHF

Mail to: MHHF, PO Box 736, Linn, MO 65051



The purpose of this Memorandum of Understanding is to address the issue of liability, to confirm the applicant's awareness that there are certain policies and procedures set forth by the Missouri Hunting Heritage Federation (MHHF) for its Hunter Education Clinic Program and to confirm the applicant's awareness that this is a binding agreement to accept and comply with the current and any future versions of the MHHF Policies and Procedures.

All MHHF Members are encouraged to obtain personal liability insurance in addition to coverage, if any that may be provided by the Missouri Hunting Heritage Federation. Volunteer hunter education instructors may also qualify for liability insurance coverage through individual membership in the International Hunter Education Association (IHEA).

I, <sup>(print name)</sup>, hereby apply to become a member of the Missouri Hunting Heritage Federation. I understand and acknowledge that my admission as a member is conditioned and given in consideration of my agreeing to the following:

- 1. I acknowledge that I have received a copy of the MHHF Policies and Procedures from the Missouri Hunting Heritage Federation for its Hunter Education Clinic Program. I have read and understand the MHHF Policies and Procedures and I agree to abide by these policies and procedures at all times.
- 2. I understand that failure to obtain liability insurance may result in me being personally responsible for legal claims of personal injury or property damage. I agree to provide liability insurance in addition to coverage, if any that may be provided to its members by the Missouri Hunting Heritage Federation.
- 3. I release and covenant not to sue the Missouri Hunting Heritage Federation, its members, officers, directors, employees, agents and volunteers and any persons associated with hosting any events relating to activities of the Missouri Hunting Heritage Federation, including but not limited to property owners and affiliated gun or sportsman's clubs participating in such events, from and against any claims, liability, loss, loss of services, costs or damages or causes of action of any kind for personal injury and property damage arising in any way or resulting from or in connection with my membership or activities relating to the Missouri Hunting Heritage Federation (including but not limited to my serving as a volunteer instructor) and including any claims caused by the negligence of the Missouri Hunting Heritage Federation, and their respective members, officers, directors, employees, agents and volunteers participating in any of the programs and activities of the Missouri Hunting Heritage Federation.
- 4. To the extent not covered by insurance, I agree to hold harmless and indemnify the Missouri Hunting Heritage Federation for any personal injury and/or property damage caused by my negligence in connection with my activities as a member of the Missouri Hunting Heritage Federation.

Applicant's Signature:	Date:	:	/	/	
Witnessed by:					