



Empire of Chivalry and Steel, Inc. (ECS)
Membership Application
 PLEASE ENCLOSE YOUR PAYMENT AND SEND FORM TO:
 The Empire of Chivalry and Steel, Inc.
 P.O. Box 97132 • Las Vegas, NV 89193



Membership is due in March. The costs shown below are for payment in March. If you are paying your Membership in a month other than March please refer to the prorating table (Lower Right Corner) to determine the appropriate cost for your membership.

Membership Types:

• **Prospective: Free** - One-time three month conditional membership granted to a person new to the Empire, at no cost. Member receives kingdom newsletter but receives no membership card. (**Note: Prospective memberships should be delivered to local territorial rolls officer**).

• **Participating: \$30.00** — Participating members are eligible to hold office, participate in Crown and Civil wars, and any other privileges designated by Imperial Law. They receive a subscription to their Kingdom's Newsletter.

• **Family: \$25.00** — per membership for immediate family (spouse and minor children or dependents as determined by the IRS) of a Participating membership residing at the same address.

• **Single Member Lifetime: \$300.00** — Same Rights as a Participating Member. Not transferable or refundable.

NOTE: A separate application from must be completed and signed for each family member. No dues are required for children of 12 years of age and younger.

MEMBERSHIPS ARE EFFECTIVE IMMEDIATELY UPON RECEIPT OF PROPERLY COMPLETED MEMBERSHIP APPLICATIONS AND PAYMENT. SUBSCRIPTIONS AND MEMBERSHIP CARDS MAY TAKE 3 TO 6 WEEKS FOR PROCESSING.

Empire of Chivalry and Steel, Inc.
Limitation of Liability

I hereby acknowledge that I am fully aware of the nature and purpose of the Empire of Chivalry and Steel, Inc. (E.C.S.). I understand that these activities are potentially dangerous and I agree to waive any claim for liability for any injury to myself or damage to my property as a result of my participation in E.C.S. activities, and to hold harmless, the E.C.S., its officers, officials and members. I further agree to be bound by the rules and regulations of the E.C.S. and to obey the direction of the governing officials at E.C.S. events. In the event of any legal action arising from my participation I agree to be bound by the laws of the State of Arizona and subject to its jurisdiction. The undersigned affirms: 'I have read and understand this statement and acknowledge that I waive all claims arising from my participation in E.C.S. events to the extent permitted by law.'

Legal Name (Print): _____

Legal Name (Sign): _____

Parent/Guardian (Sign): _____

Date: _____

Membership Information — No Calligraphy — Print Clearly

Legal Name: _____

Member Number: (If Renewing) _____

Persona Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

E-mail Address: _____

PLEASE CIRCLE MEMBERSHIP TYPE:

| Membership Type | Amount |
|------------------------|---------------|
| Prospective | Free/Local |
| Child 12 and under | Free |
| Single Member Lifetime | \$300.00 |

Participating OR Family
 Please enter amount from Table below: _____

Secondary Family Member: (Please list name of Main Participating Member)

Please check the appropriate box:

New Membership Renewal
 Change of Name/Address Replacement Card
 Previous Name _____

Kingdom of Membership (please check one):

Galandor Vega

Estate Membership: (Name of household, Barony, March, Duchy, etc.)

| If you are Paying in: | Participating Member | Family Membership Add amount for each additional membership |
|-----------------------|----------------------|---|
| March | \$30.00 | + \$25.00 per additional family member |
| April | \$30.00 | + \$25.00 per additional family member |
| May | \$30.00 | + \$25.00 per additional family member |
| June | \$30.00 | + \$25.00 per additional family member |
| July | \$27.00 | + \$22.50 per additional family member |
| August | \$24.00 | + \$20.00 per additional family member |
| September | \$21.00 | + \$17.50 per additional family member |
| October | \$18.00 | + \$15.00 per additional family member |
| November | \$15.00 | + \$12.50 per additional family member |
| December | \$12.00 | + \$10.00 per additional family member |
| January | \$9.00 | + \$7.50 per additional family member |
| February | \$6.00 | + \$5.00 per additional family member |

Example: A family of 3 paying in March would pay **\$80.00**

FOR EXCHEQUER AND ROLLS USE ONLY

Bank Number _____ Check/MO # _____
 Date received _____