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 RECIEPT 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 ☐ Ostgard

Estate Membership: (Name of Household, Barony, County, 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	+ $22.00 per additional family member
May	$30.00	+ $20.00 per additional family member
June	$30.00	+ $18.00 per additional family member
July	$28.00	+ $16.00 per additional family member
August	$26.25	+ $14.00 per additional family member
September	$22.50	+ $12.00 per additional family member
October	$18.75	+ $10.00 per additional family member
November	$15.00	+ $8.00 per additional family member
December	$11.25	+ $6.00 per additional family member
January	$7.50	+ $4.00 per additional family member
February	$3.75	+ $2.00 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#_____