

**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 93743 • 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.

**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.**

**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
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 \_\_\_\_\_

**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: \_\_\_\_\_