

# LAVACA COUNTY WILDLIFE MANAGEMENT ASSOCIATION (LCWMA)

**Member Information** = the person/entity who will receive correspondence from the LCWMA.

**Land agent** = Person/entity authorized to act on behalf of the landowner for LCWMA membership purposes only.

**Member Information:**

**Member type:**

Landowner

Land agent

Member Name (Please print)

Email Address

Address

Home Telephone #

City

State

Zip Code

Other Telephone #

**If you are interested in receiving Managed Land Deer (MLD) permits to harvest antlerless deer, and you are NOT the landowner, please complete the section below.**

Permission is granted to Wildlife Biologists and Wildlife Technicians of the Texas Parks and Wildlife Department, Wildlife Division, to release information that is otherwise confidential to the individual designated below for the purpose of assisting with wildlife management on my property. This information typically consists of a written wildlife management plan, wildlife census data, harvest recommendations, Managed Lands Deer Permits, and harvest data.

**Information regarding wildlife management on my property may be released to:**

Name:

Phone:

Address:

Email:

Landowner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Property Information:** *(If you are enrolling multiple properties, please complete a separate form for each property).*

Ranch Name: \_\_\_\_\_ This property is located approximately \_\_\_\_\_ miles \_\_\_\_\_  
(direction)  
of \_\_\_\_\_ on \_\_\_\_\_ and containing \_\_\_\_\_ acres, more or less.  
(city or town) (highway, county, or farm/market road)

1. I hereby agree to cooperate with the goals and programs of the LCWMA.
2. This form does not give any unauthorized persons the right to trespass on said property.
3. Landowners or authorized agents will be notified when wildlife surveys are to be conducted and their participation or authorization is required.
4. This authorization shall be valid for the life of the organization, unless I revoke it in writing and so notify the LCWMA.

Member Signature

Date

**Please return completed form, along with a \$20 check or money order for membership dues, made payable to LCWMA, to the address listed below:**

**LCWMA, P.O. BOX 524, HALLETTSVILLE, TX 77964**

**If you have any questions, contact Joel Wagner, LCWMA Chairman, at 361-798-6506.**