

Adopt-the-Shoreline
Membership Application / Agreement

_____ wishes to be a part of the efforts to keep the Lake of
(Applicant)
the Ozarks beautiful. As a participant (I / we) agree to the following conditions:

1. Applicant agrees to adopt a total of 5 miles of shoreline. (Additional mileage may be adopted upon approval by Ameren Missouri).
2. Groups will participate in the annual spring cleanup and participation is recommended in a second cleanup sometime during the year.
3. The applicant is responsible for delivering the trash to a dumpster and assuring its proper disposal.
4. Ameren Missouri will pay for the actual disposal cost and will arrange for billing through the trash disposal company. .
5. Applicant is responsible for notifying Ameren Missouri before each cleanup. Upon completion of cleanup, the form "Adopt-the-Shoreline Cleanup Report" MUST be returned to Ameren Missouri.
6. Ameren Missouri will provide signage identifying the approved applicant, upon request, after the completion of the approved applicant's first cleanup. Ameren Missouri must approve the location of the sign and the applicant is responsible for obtaining written permission from the property owner on the approved "Adopt-the-Shoreline Sign Placement – Consent Form". The applicant is responsible for placing the sign and for any sign maintenance required. Should the approved applicant discontinue participation in the Adopt-the-Shoreline program, they are responsible for returning the portion of the signage bearing their name.
7. Assigned shoreline areas will be coordinated by Ameren Missouri.
8. Minimum membership is two (2) years.
9. Members who do not fulfill their obligation to this agreement will be dropped from the program and the portion of shoreline will be reassigned. Members who are dropped from the program may not reapply for a period of three (3) years.
10. All applicants understand that no liability claims will arise as a result of this agreement and applicant will inform their members and volunteers that neither applicant nor Union Electric Company d/b/a Ameren Missouri or Ameren Services will have any liability to them from their participation in this project.

Applicant

Ameren Services, as Agent for Union
Electric Company d/b/a Ameren Missouri

Address _____

Date Accepted: _____

Email _____

Phone _____

Date _____