

MEMBERSHIP APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PHONE: Area Code (_____) _____

Circle the **number** of membership desired.

1. Single membership \$100
2. Family membership \$150
3. Senior membership * (Free)

*(Must be 65 or older and a member for the previous 5 years)

List family members:

1 _____ 2 _____ 3 _____

To have hunting privileges on the Club grounds, the member is required to attend at least 1 of the 2 semi-annual meetings or attend 3 of the 12 board meetings. In addition, a member must attend 1 fund raiser in the previous year and have worked a minimum of 10 hours for the Club, 15 hours for a family membership.

Club records credit you with _____ hours, for the past year. If you believe this to be incorrect, please advise the Club as soon as possible.

A \$20.00 per hour assessment for the hours not worked is required with your membership fee.

Hours _____ X \$20. = _____.

This completed membership form and fee must be received prior to the beginning of the ANNUAL MEETING, at 7:00 pm, in order to vote at the meeting.

REMINDER: everyone must sign an insurance waiver before participating in any club activities.