

## **MEMBERSHIP CHECK LIST**

- **Download and complete entire membership application. This must include all sponsor information and completed reference section.**
- **Include a COMPLETED BCI from the Attorney General or Local Police Department.**
- **Include your check for \$100.00 payable to “Cranston Fish and Game Association”.**
- **Please be sure to follow up with your sponsor and/or club Executive Board to confirm your application has been received.**
- **Be sure to mail the completed package to:**

**PO Box 19236  
Johnston, RI 02919**

**INCOMPLETE APPLICATIONS WILL BE  
RETURNED TO SENDER**



# Cranston Fish & Game Association

## Membership Application

19 Tucker Hollow Road, Foster, RI 02825  
PO Box 19236, Johnston, RI 02919

Received: \_\_\_\_\_

Waiting List: \_\_\_\_\_

Joined: \_\_\_\_\_

Badge#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ NRA Member: \_\_\_\_\_

Home Phone

Cell Phone

Business Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

List below any affiliations with other sporting clubs:

\_\_\_\_\_  
\_\_\_\_\_

What fishing, hunting or shooting activities are you involved with?

\_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_ Badge#: \_\_\_\_\_

Reference #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Reference #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### STATEMENT

I, the undersigned, understand that when I am accepted as a member of Cranston Fish & Game Association, Inc. that I will be on probation for a period of one year. That during this probationary period I must attend at least seven meetings and I will attend at least one work party. I will participate in the functions of at least ONE committee to which I am assigned. I welcome any investigation as to my answers to the questions on this application. I hereby state that each question has been answered truthfully and honestly.

\_\_\_\_\_

\_\_\_\_\_

Sponsor's Signature

Applicant's Signature

When completed, mail this application along with your state BCI in a standard size business envelope to PO Box 19236, Johnston, RI 02919 accompanied with a \$\_\_\_\_\_ application fee (which is not refundable). Annual dues of \$\_\_\_\_\_ will be paid when accepted as a club member, in addition to any assessment due at the time. Note: If your BCI is over 12 months old at the time of your admission into the club, you may be requested to submit a new one.