

ACCEPTED		
	(date)	

MEMBERSHIP APPLICATION

Applicant must meet one of the following residency requirements:

Reside in Mercer County, have a second residence in Mercer County or own a business in Mercer County and be at least 18 years old and of good character.

Reside in M			cond residence in It least 18 years ol			<u>isiness in Mercer</u>
	<u>.</u>					
NAME		Middle Last Suffix BIRTHDATE				
Prefix	First	Middle	Last	Suffix		
NICKNAME		MARI	TAL STATUS		_SPOUSE' NAME_	
ADDDFCC						
ADDRESS	Number	Street	City		State	ZipCode
PHONE NUM	BER		EMAI	4		
(Appl	icant pleas	e enter second resid	ence or business own	d in Mercer	County information	on rear of this form)
TWO REFER	RENCES.	(Not related to you	ı.) One reference mus	t be a paid uj	o MCSA Member.	
NAME of	Member _			PHON	E NUMBER	
NAME				PHON	E NUMBER	
Membership I	Oues.)		00 Land Certificate (· •	•
Membership a	nd Land (<u>Certificate fees are n</u>	on-refundable and pa	yment must	<u>be included with App</u>	olication.
membership, l	accept res	ponsibility for my a	Mercer County Spor ctions and the actions my expulsion from th	of any guests	that may accompany	y me. I understand
SIGNATURE	OF APPI	LICANT			DATE	
		mai	il application and	payment to) :	
			er County Sportsmen	. •		
			P.O. Box 29			
			Celina, Oh. 45	322		
DUES STRUC Reginning I		2018 MCSA Momba	ership Dues Year wil	run Ianuar	v 1 st thru December	31 st and each year
thereafter.	unuary 1, <i>i</i>		OFFICIAL USE ONI		y 1 timu December	or and cach year
MEMBERSH	IP ID	EDB	Packet Mai	ed		
Check/MO nun	nber and ba	nnk initials:			(circ	le one)

DATE ESTABLISHED			
ADDRESS			
Number Street	City	State	Zip Code
PHONE NUMBER	EMAIL		
COMMENTS/EXPLANATION			
Business owned in Mercer County:			
BUSINESS NAME		<u> </u>	
		_	
DATE ESTABLISHED		_	
BUSINESS NAME DATE ESTABLISHED ADDRESS Number Street		State	ZipCode
DATE ESTABLISHEDADDRESS	City		-