

MEMBERSHIP AP- ↓



Send completed application and

Check Payable to:.....

Canastota Conservation Club

C/O Mrs. Beth Scott

4240 Altair Course

Liverpool NY 13090

Name _____ Phone () _____

Street Address: _____ Email: _____ @ _____

City, State, ,Zip: _____

Employment/Profession _____

What other clubs do you belong to ? _____

What types of firearms do you practice with? _____

NRA Member? (Y/N) _____ Interested in joining?(Y/N) _____

Vehicle You will usually drive to the club ? Make _____ Model: _____ Plate _____

MEMBERSHIP DUES ARE : \$120.00 / YEAR

SIGNATURES:

I UNDERSTAND I MUST OBEY ALL SAFETY RULES OF THE CLUB

APPLICANT: _____ DATE: _____

CLUB MEMBER AND SPONSOR: x _____ DATE: _____

AUTHORIZING MEMBER: x _____ DATE: _____