

Conservation Club of Brockport

MEMBERSHIP RENEWAL

PLEASE WRITE CLEARLY AND PROVIDE ALL REQUESTED INFORMATION.


Reminder: To ensure uninterrupted Range Privileges, your Membership Application must be received in time to be approved by the Board at the December 7th 2011 Board Meeting.

CUT OUT AND MAIL TO:

CONSERVATION CLUB OF BROCKPORT

291 LaDue Road

Brockport, NY 14420

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|---|---|-----------------------------------|--------------------------------|-------------------------------|
| Date _____ | CONSERVATION CLUB OF BROCKPORT | APPLICATION FOR MEMBERSHIP | <input type="checkbox"/> | |
| Name _____ | 291 Ladue Road, Brockport, NY 14420 | (585) 637-5961 | | |
| Amt Paid \$ _____ | <i>(Please Print)</i> | | | |
| Received By _____ | New () or Renew () by Dec. 31 st Cash () or Check # _____ | Amount Paid _____ | | |
|  | Name _____ | Date _____ | | |
| | Address _____ | Phone _____ | | |
| | City _____ | Zip _____ | | |
| | Email Address _____ | | | |
| | Employer _____ | Type of Work _____ | | |
| | Applicant's Signature _____ | Age _____ | | |
| | MEMBERSHIP & UNLIMITED OUTSIDE RANGE \$100.00 | | | |
| | Interest in Club: Archery <input type="checkbox"/> | Pistol <input type="checkbox"/> | Rifle <input type="checkbox"/> | Trap <input type="checkbox"/> |
| | NRA Member: Yes <input type="checkbox"/> | No <input type="checkbox"/> | NRA Member # _____ | |
| | Board Approval: Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date & Sign: _____ | |