

Application for Membership
CRUM ELBOW SPORTSMEN'S ASSOCIATION
Hyde Park, NY
WWW.CRUMELBOWSPORTSMEN.COM

Name: _____ Sponsor: _____

Address: _____
Street City/Town Zip Code

Mailing Address: *(if different from above address)*

Telephone: _____ Email: _____

Occupation: _____ Date of Birth: _____

Club interests: Skeet/trap Fishing Hunting Rifle Range Other
Other interests: _____

Are you a US Citizen? Y / N

Have you ever been arrested and convicted of ANY crime (felony or misdemeanor)? Y / N
Has any court ever issued an order which in ANY way restricted, suspended or revoked your right to use or possess a firearm? Y / N

If you answered "YES" to either of the above answers, please attach a detailed explanation.

Select a committee you would prefer to serve on or be assigned to during your probationary period. Select a directorship position in which you would prefer to serve after attaining full membership status.

Preferred Committee: _____ Preferred Directorship: _____

I understand that I am to act in a sportsman-like manner both on and off club property. I will keep up to date on club news and committee rules by attending meetings whenever possible and/or pursuing other means of obtaining information, such as the website, other members, and/or frequent review of posted rules/fliers. I understand that if the information on this application changes, it my responsibility to provide updates to the Financial Secretary or Director of Membership as soon as possible.

Also, for a club member to use the rifle range, **all** club members must take the Club's range safety course. For safety reasons, the Club has adopted a "zero tolerance" policy for infractions on the skeet and rifle range. This policy will be strictly enforced.

I certify that I have carefully read and reviewed the By-Laws and Range Rules of the Club and I fully understand and agree to abide by those By-Law and Range Rules at all times.

I understand that any false information given in this application will subject me to disciplinary action and possible revocation of my membership.

(Signature of Applicant): _____ Date: _____

This section to be completed by Financial Secretary or Director of Membership:

Signature of examining officer/committee: _____

Date of Acceptance: _____ **Payment received:** _____

Entered into billing: _____ **NRA #:** _____

Entered into membership list: _____