

SHIPPENSBURG FISH & GAME ASSOCIATION

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - ____ - _____ e-mail: _____ Paid: _____

INTERESTS

_____ Archery _____ Groundhog Shoots _____ Rifle
_____ Black Powder _____ Trap _____ Pistol
_____ Silhouette _____ Fishing _____ Dog Training
_____ Other _____

**Our regular monthly meeting is the second
Tuesday evening of each month, 7 P.M.**

I understand it is my responsibility to become familiar with the rules and regulations of the Shippensburg Fish & Game Association, and to adhere to those rules while using the facilities.

I recommend this applicant for membership. Must have 3 sponsors.

Sponsor's Signature: _____

Sponsor's Signature: _____

Sponsor's Signature: _____

The Board of Directors can revoke membership at any time for any reason.
All prospective members must attend the meeting with at least one sponsor when being voted upon.

I am not affiliated with any group that goes against the policies of the Shippensburg Fish & Game Association.

I hereby testify that the application is truthful to the best of my knowledge.

Signature: _____