

BLACK ROCK FISH AND GAME CLUB OF CORNWALL
APPLICATION FOR MEMBERSHIP

NAME _____ **DATE OF BIRTH** _____
ADDRESS _____ **TOWN** _____
STATE _____ **ZIP** _____ **COUNTY** _____ **TEL. NO. () - -** _____
ARE YOU A REGISTERED VOTER ? (CIRCLE ONE) YES or NO _____
ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA ? (CIRCLE ONE) YES or NO. _____
ARE YOU A NRA MEMBER ? (CIRCLE ONE) YES OR NO. MEMBERSHIP # _____
HAVE YOU EVER BEEN ARRESTED ? (CIRCLE ONE) YES OR NO. _____
IF YOU CIRCLED YES: PLEASE PROVIDE A EXPLANATION ON AN ATTACHED SHEET.

I CERTIFY THAT ALL INFORMATION AND STATEMENTS ON THIS APPLICATION ARE CORRECT AND TRUE.

SIGNATURE: _____ **DATE:** _____
Occupation/Skill _____
Email _____ @ _____

SPONSOR:

1. INSURE ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND LEGIBLE..
- 2 AS A SPONSOR FOR THIS CANDIDATE, YOU ARE RESPONSIBLE FOR INSURING THAT THE CANDIDATE IS INFORMED OF DUES AND ASSESSMENTS WHICH ARE PAYABLE UPON SELECTION FOR MEMBERSHIP.
3. DO NOT ENCLOSE CASH OR CHECK WITH THIS APPLICATION.
4. HOW LONG HAVE YOU KNOWN THIS APPLICANT: _____
5. MAIL COMPLETED APPLICATION TO:

MEMBERSHIP SECRETARY
BLACK ROCK FISH & GAME CLUB
P. O. BOX 142
MOUNTAINVILLE, NY 10953-0142

6. I CERTIFY THAT I HAVE PERSONALLY VERIFIED THE INFORMATION PROVIDED ON THIS APPLICATION AND RECOMMEND THIS APPLICANT FOR MEMBERSHIP.

SPONSORS NAME: (PRINT) _____

SIGNATURE: _____ **BUTTON NO.** _____