

WETHERSFIELD GAME CLUB, INC.
APPLICATION FOR MEMBERSHIP

PLEASE PRINT

NAME: _____ DATE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE NO. _____

OCCUPATION: _____

EMPLOYER: _____

BUSINESS PHONE: _____ EMAIL ADDRESS: _____

GAME CLUB MEMBER SPONSORS (NAMES):

1. NAME: _____ SIGNATURE: _____

2. NAME: _____ SIGNATURE: _____

3. NAME: _____ SIGNATURE: _____

PERSONAL REFERENCES (NAMES & ADDRESSES):

1. _____

2. _____

3. _____

I HEREBY APPLY FOR MEMBERSHIP IN THE WETHERSFIELD GAME CLUB, INC. AND IF ACCEPTED, AGREE TO ABIDE BY ITS' BY-LAWS AND REGULATIONS.

**PLEASE PROVIDE US WITH A COPY OF YOUR DRIVERS LICENSE, PISTOL PERMIT AND HUNTING LICENSE **

SIGNATURE: _____

PRESENTED BY: NAME: _____ SIGNATURE: _____

TYPE OF MEMBERSHIP:

SOCIAL: _____ REGULAR: _____ JUNIOR: _____

MEMBERSHIP COMMITTEE: _____

DATE ACCEPTED: _____

1. _____

2. _____

3. _____

