DATE:_



APPLICATION FOR MEMBERSHIP

You Must Attend A Monthly Meeting To Join Meetings: 1st. Monday, 8:00pm

NAME:				
ADDRESS:	CITY		STATE	ZIP
PHONE:		DO		
SRGC, INC'S PRIMARY METHOD OF COMMUNICATION IS EMAIL. WE				CES OF UPCOMING EVENTS.
MA LTC/FID#MUST PRODUCE WHEN JOINING	l ha	ve view	ed valid LTC/FID	CLUB OFFICER'S INITIALS
List other Rod & Gun Clubs that you are currently, or have bee	en a member o	f:		
Reason for wishing to join Scituate Rod & Gun Club:				
ACTIVITY INTERESTS	S (check all that	t apply)		
☐ Rifle ☐ Pistol ☐ Skeet/Tra	p 🗌 Black P	owder	☐ Archery	
Cowboy Action Shooting	Fishing	Bird Do	g Training	
TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING		INITI	ATION FEES (one	fee per family)
Regular (18yrs+)\$150.00	□Regu	ular or F	amily	\$50.00
☐ Spouse*\$25.00	□Junio	or Only .	•••••	\$5.00
☐ Junior (under 18yrs)\$10.00				
Family*\$250.00 *If applying for a Spouse or Family Membership, legibly list those covered on the reverse, including DOB, Phone, Email and LTC/FID# (21+ yrs/18+ yrs). Family memberships cover only those living under one roof.				
Dues are required to be paid by September 1st each calendary	ar year in orde	er to ma	intain your mem	bership.
You may reinstate your membership by paying the Curre November 1st you will have to rejoin the club by paying the			•	
Applicant's Signature:				
Sponsored By:				

SPOUSE/FAMILY MEMBERSHIP COVERAGE LIST

NAME:				
PHONE:	DOB:			
EMAIL:				
MA LTC/FID#	I have viewed valid LTC/FID:	CLUB OFFICE'S INITIALS		
NAME:				
PHONE:	DOB:			
EMAIL:				
MA LTC/FID#	I have viewed valid LTC/FID:	CLUB OFFICE'S INITIALS		
NAME:				
PHONE:	DOB:			
EMAIL:				
MA LTC/FID#	I have viewed valid LTC/FID:	CLUB OFFICE'S INITIALS		
NAME:				
PHONE:	DOB:			
EMAIL:				
MA LTC/FID#	I have viewed valid LTC/FID:	CLUB OFFICE'S INITIALS		
NAME:				
PHONE:				
EMAIL:				
MA LTC/FID#	I have viewed valid LTC/FID:	CLUB OFFICE'S INITIALS		