



MEMBERSHIP APPLICATION

High Woods Sportsmen's Club

P.O. Box 93
870 Zena Highwoods Road
Saugerties, NY 12477
(845) 246-4717

****PLEASE PRINT CLEARLY****

****CLUB OFFICER INFO ON BACK SIDE****

NAME: _____ **DOB:** ____/____/____ **MARITAL STATUS:** _____
LAST FIRST MI MM DD YYYY

Spouse/Domestic Partner (Family App)

Eligible Family Member (Family App)

Eligible Family Member (Family App)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

EMAIL: _____ **PHONE:** () _____ **PISTOL PERMIT #:** _____
For club correspondence If applicable

Reason(s) for joining HWSC: _____

Continue on back side if needed

Do you object to any club functions?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Are you under indictment for, or have ever been convicted of, any felony?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Are you currently, or have you ever been classified or registered as, a sex offender?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Have you ever been dishonorably discharged from the Armed Forces?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Have you ever been committed to an institute for mental health reasons?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>

If YES to any of these questions, please explain on back

Check off any Committee(s) you are interested in being involved with:

- | | | | |
|----------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Pistol | <input type="checkbox"/> Rifle | <input type="checkbox"/> Archery | <input type="checkbox"/> Black Powder |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Firewood |

Applicant Signature

Date

PLEASE NOTE: All Applicants must attend two (2) meetings, complete a Range Orientation, and sign the Statement of Compliance to be voted in as a new member.

Please use this space for any additional info you would like to tell us about yourself!

FOR CLUB OFFICER USE ONLY

1st Reading: _____
Date

Dues Amount: \$ _____

2nd Reading: _____
Date

Dues Paid: _____
Date

Received By: _____

Type of Membership:

Single

Family

Senior
Single

Senior
Family