



CENTRALVILLE SPORTSMAN'S CLUB, INC

308 Wheeler Road- Dracut, MA
P.O. BOX 597 Dracut, MA 01826-0597

Phone :(978)452-8095 www.centralvillesportsmansclub.org

Membership Application

Name _____

Last

First

Middle

Address _____

City / Town _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Social Security No. _____ - _____ - _____

Date of birth ____/____/____ Email address _____

Occupation _____ Place of employment _____

Do you presently hold an F.I.D. Card? Yes No Do you presently hold a license to carry firearms? Yes No

License # _____ Reason _____

Expiration date of F.I.D. or L.T.C. ____/____/____

Have you ever been convicted of a felony in any state? Yes No

Is any member of your immediate family a member of this club? _____ Relation _____

For what reasons do you want to join this club? _____

List all clubs or organizations with which you are affiliated

What activities would you like to participate in?

Archery _____ Target Shooting _____ Fishing _____ Trap Shooting _____

Do you agree to abide by the by-laws and rules of this club? _____

Signature _____ Date ____/____/____

Sponsor's Signature _____ Badge No. _____

All key fobs and badges must be returned to the club upon surrendering of membership. Any falsification of statements and information given on this application is subject to refusal of membership.

\$75.00 Dues

\$75.00 Initiation Fee (New Members Only)

\$50.00 Work Assessment (Returned after 4 hours of service)

\$200.00 Total

Board of Directors,

Centralville Sportsman's Club, Inc.

First reading ____/____/____

Date accepted ____/____/____

New member badge number _____

Check, cash, or money order must accompany this application. Make checks payable to Centralville Sportsman's Club.

Check # _____ Cash _____ Money Order _____

NOTE: If you do not possess an F.I.D card or a license to carry, a Cori check is required at an additional charge of \$25.