

# Shirley Rod & Gun Club Membership Application



Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sporting Interests \_\_\_\_\_

Email Address: \_\_\_\_\_

Recommended By \_\_\_\_\_

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If Under 21 Years of Age:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Applicant Signature

*\* Indicate which committee you will serve 4 hours this year.*

Range \_\_\_\_\_

Events \_\_\_\_\_

Fish \_\_\_\_\_

Grounds \_\_\_\_\_

Kitchen \_\_\_\_\_

Archery \_\_\_\_\_