



# Camillus Sportsmen's Club, Inc.

PO Box 164, Camillus, N.Y. 13031

## MEMBERSHIP RENEWAL

Club use  
 SS

\* Required - (Please Print Legibly)

Full Name: \* \_\_\_\_\_ Member Number \_\_\_\_\_

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Date of Birth: \* \_\_\_\_\_ Phone: \* \_\_\_\_\_

Email: \* \_\_\_\_\_ NRA Member: YES  NO

Emergency Phone: \* \_\_\_\_\_ Occupation: \_\_\_\_\_

Family Membership- Children up to 18yr.  
Membership Jan 1st to Dec 31st  
Senior Rate is age 65 & older.

v ,HOW CAN YOU HELP OUR CLUB			
<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	IT
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Grounds
<input type="checkbox"/>	Masonry	<input type="checkbox"/>	
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Renewal Membership Fee:

Standard ..... \$100       Senior. ....\$50

(Applicant Statement)

*I hereby apply for Club membership renewal and agree to abide by the range rules, bylaws, and constitution of the Camillus Sportsmen's Club, Inc. I further state that I have been made aware of these requirements and that any violation thereof may result in loss of membership. I understand the hazardous nature of firearms operation and acknowledge the risk of injury associated with the use of a firing range. I agree to assume all responsibility for the safe operation and usage of any firearm or ammunition in my possession and that I will not hold the Club responsible in any manner for actions of others that result in personal property damage or personal injury.*

Applicant Signature: \* \_\_\_\_\_

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

Club Representative: \_\_\_\_\_

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