



Camillus Sportsmen's Club, Inc.

PO Box 164, Camillus, N.Y. 13031

MEMBERSHIP RENEWAL

Club use
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RY

* Required - (Please Print Legibly)

Full Name: * _____ Member Number _____

Address: * _____

City: * _____ State: * _____ Zip: * _____

Year 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 \$120 Senior. \$60

The membership fee is not tax deductible.

(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: _____