



Camillus Sportsmen's Club, Inc.

PO Box 164, Camillus, N.Y. 13031

MEMBERSHIP RENEWAL

Club use
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* Required - (Please Print Legibly)

Full Name: * _____ Member Number _____

Address: * _____

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

Year of Birth: * _____ Phone: * _____

Email: * _____ NRA Member: YES NO

Emergency Phone: * _____ Occupation: _____

For a quicker renewal and payment use the Renewal Link in the member's section of our web site.

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"/>	

Family Membership- Significant other & children up to 18yr

Membership is from Jan. 1st to Dec. 31st

Standard \$120 Senior (65 & older).....\$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: _____