

ROSEDALE SPORTSMEN'S ASSOCIATION, Inc.

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT CLEARLY)

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____ City _____ State _____ Zip Code _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

BIRTH DATE: _____ AGE: _____ OCUPATION: _____

PLEASE CHECK INTERESTS:

- TRAP SKEET RIFLE PISTOL SILHOUETTE
 HUNTING FISHING ARCHERY

I hereby make application for membership in Rosedale Sportsmen's Association, Inc. and understand that I will abide by the following regulations:

- 1.) I will comply with the by-laws of the association and posted regulations.
- 2.) I will conduct myself in a safe, sportsman like manner at all times.
- 3.) I will endeavor to attend all regular meetings and when able assist in association projects.

I have read and understand the foregoing statements and agree to them without reservation.

Signature

Date

Please list any other local or national sportsmen's organizations that you belong to (i.e., NRS, National Skeet or Trap Assoc., Ducks Unlimited, etc.)

SPONSORS:

I hereby certify that I am personally acquainted with the applicant and recommend him/her without reservation:

1.) Name: _____ Signature: _____

2.) Name: _____ Signature: _____

Application must be turned in on / or before the board meeting that **precedes** the general membership meeting. Board meetings are the first Wednesday of the month. The applicant with his sponsors must attend the general meeting, on the third Wednesday of the month, to be voted on by membership.

Two sponsor signatures are required, NO EXCEPTIONS. Fees will be collected after the applicant is approved. Rosedale Sportsman does NOT vote on new membership during the **November** meeting.

Rosedale Sportsman's Association, Inc. will not release any information contained in this application to any person, organization, company, or government (without the written permission of the applicant).

FOR CLUB USE ONLY:

<p>RETURN TO: Rosedale Sportsmen's Association PO Box 172 Cheswick PA 15024 Attn: Membership</p>	<p>INITIATION FEE: <input type="checkbox"/> \$40.00 Initiation <input type="checkbox"/> \$70.00 Family (One time only) (Wife and under 18) <input type="checkbox"/> \$50.00 Sr. Family (Over 65 & wife) Indoor Range Key: <input type="checkbox"/> \$15.00 Application approved _____ Fees paid _____ Card # _____</p>
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Rosedale Sportsmen's Association complies with the Civil Rights Act of 1964 and Section 504 and the Rehabilitation Act of 1973 and all the requirements imposed, that no person shall on the grounds of race, religion, color, sex, national origin, sexual preference, ancestry, age, familial status, veteran status, culture, language, socioeconomic status, gender identify or expression, or physical disability be denied membership or participation in events held at or by Rosedale Sportsmen's Association Inc.

Rosedale Sportsman's Association, Inc.

Name: _____ Phone: _____

(Please print)

I would like to help in these areas:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fundraising/Raffles | <input type="checkbox"/> Archery Events | <input type="checkbox"/> Club Cleanup Detail |
| <input type="checkbox"/> Lawn Maintenance | <input type="checkbox"/> Range Equipment Maintenance | <input type="checkbox"/> Firearms Instructor |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Match Scorekeeper | <input type="checkbox"/> Membership Drive |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Computer Work | <input type="checkbox"/> Sign Making |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Advertising | <input type="checkbox"/> Other _____ |

I can volunteer my help:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> I prefer to work on my own |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> I prefer to work in a group |
| <input type="checkbox"/> Weekends | |

I cannot help, but would like to make a contribution:

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> Other: \$ _____ |
|-------------------------------|-------------------------------|-------------------------------|--|

Note: Membership meetings are held the 3rd Wednesday of each month at 7:30 p.m. at the club.