The Sportsmen's Club of Clifton Park

644 Englemore Rd., Clifton Park NY 12065

MEMBERSHIP APPLICATION

Please Print

Last Name	First Name	MI

Street	City	State	Zip Code

Telephone Number	Occupation	Age

E-MAIL address:_____

Are you a member of the National Rifle Association? (Y) (N)
If Yes, please provide membership number:_____

Name of Sponsor:_____(please print)

Signature of Sponsor:_____

Special Interests: (please circle all that apply)

Archery	**Fishing**	**Hunting**	**Pistol**
Rifle	**Trap**	**Kitchen**	**Black Powder**
Conservation	**Legislation**	**Publicity**	**Auditing**
County Council	**House &Grounds**	**Range Safety**	

Members are strongly encouraged to become a member of at least one of the Club's committees. Your willingness to volunteer time for projects and events will ensure the continued growth and success of your club.

I, THE UNDERSIGNED, DO HEREBY MAKE APPLICIATION FOR MEMBERSHIP IN THE SPORTSMEN'S CLUB OF CLIFTON PARK, AND AGREE TO ABIDE BY THE RULES AND BY-LAWS, AND THAT THE ABOVE INFORMATION IS TRUE , TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE RECEIPT OF A COPY OF THE SUMMARY OF THE BY-LAWS AND RULES.

Signed:_____ Date: _____

Payment date:_____ Date voted in: _____

(Revised 15 Dec 2004)