

Application for Membership

NEW CARLISLE SPORTSMEN'S CLUB, INC.

(PLEASE PRINT PLAINLY)

PREFERRED PHONE # _____ DATE _____

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

AGE _____ HEIGHT _____ WEIGHT _____

EYE COLOR _____ HAIR COLOR _____

DATE OF BIRTH _____ NRA STATUS EXP. _____

HOW DID YOU HEAR ABOUT US? _____

TEMPORARY MEMBERSHIP RECEIPT

DATE _____ AMOUNT _____

NAME _____

ADDRESS _____

SIGNATURE OF OFFICER _____

NEW CARLISLE SPORTSMEN'S CLUB, INC.