



Camillus Sportsmen's Club, Inc.

PO Box 164, Camillus, N.Y. 13031

MEMBERSHIP RENEWAL

Club use
 SS

* Required - (Please Print Legibly)

Full Name: * _____ Member Number _____

Address: * _____

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

Date 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.

√ ,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"/>	
<input type="checkbox"/>	Masonry	<input type="checkbox"/>	
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Renewal Membership Fee:

Standard \$100 Senior..... \$50

(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: _____