

Washington Hollow Rod & Gun Club, Inc.
P.O. Box 283, 121 Tinkertown Road, Pleasant Valley, NY 12569

Membership Application

Please Print

Sponsor Name:

Phone:

Name: _____ **Home Phone:** _____ **Cell Phone:**

Address: _____

Email:

DOB ____/____/____

NRA#

Employer: _____ **Phone:** _____ **Years Employed:**

Address: _____

Occupation: _____

Are you Member of any other Clubs or Organizations:

Name: _____ **Address:** _____ **Phone:**

Name: _____ **Address:** _____ **Phone:**

List Names, Address, Phone#, Email of 3 References who have known you for at least 5 years.

1 - Name: _____ **Address:** _____ **Phone:**

Email: _____

2 - Name: _____ **Address:** _____ **Phone:**

Email: _____

3 - Name: _____ **Address:** _____ **Phone:**

Email: _____

Type of shooter: Rifle ____ Shotgun ____ Handgun ____

Type of Membership: Full ____ Range ____

Initiation is \$100.00 Full membership \$200.00 Range membership \$130.00

I hereby apply for membership in the Washington Hollow Rod & Gun Club, Inc. and agree that if I am voted into membership, I will abide by all of its regulations & By-laws. I further certify that all the

forgoing answers are true and that any false statements result in the forfeiture of membership and fees.

Signed: _____ **Date:** ____/____/____

Print: _____

Note: Meeting night is the 2nd Tuesday of the month