



**WASHINGTON HOLLOW ROD & GUN CLUB, INC.  
121 TINKERTOWN RD  
PLEASANT VALLEY, NY 12569**

**(845)635-3162**

**Please fill out the application and background authorization form in full. Include a copy of a valid driver license and also include a copy of your pistol permit (if one has been issued).**

**If there are any questions please contact the membership committee**

**Kevin Conners at 845-489-8604**

**Aaron Weiss at 845-264-5850**

**Thank you**

**Washington Hollow Rod and Gun Club**

**Info as of 6/2015**

**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 \*Subject to change**

**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**



Date of Birth: \_\_\_\_\_  
Month/Day/Year

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Have you ever been convicted of a criminal \*offense or have any pending criminal\* charges against you?

\*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes \_\_\_\_\_ (provide detail on next page) No \_\_\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this membership and/or may serve as grounds for the severance of my membership with WHRG. By signing below I hereby provide my authorization to WHRG to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date