



WASHINGTON HOLLOW ROD & GUN CLUB, INC.
PO BOX 283
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).***

PLEASE NOTE THERE ARE ONLY FULL MEMBER POSITIONS OPEN

There will be a \$25.00 non-refundable application fee due at the time of interview.

If there are any questions please contact the following:

FINANCIAL SECRETARY

Kevin Conners at 845-489-8604

Whr-g_s@hotmail.com

Thank you

Washington Hollow Rod and Gun Club

Please keep this page

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 ____

Initiation is \$100.00 Full membership \$200.00 *Application fee \$25.00 (due at interview)* *Prices 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