

MIFFLIN COUNTY SPORTSMEN'S ASSOCIATION

You MUST be able to read and communicate in the English language in order to proceed with this application.

DEBE poder leer, y comunicarse en el idioma inglés para proceder con esta solicitud.

您必须能够阅读和说英语才能继续此申请。

You must include/complete BOTH pages of this application.

2023 MEMBERSHIP APPLICATION

(VALID 1/1/23 THROUGH 12/31/23)

PENNSYLVANIA **RESIDENT** - INDIVIDUAL \$130.00 or FAMILY \$140.00

NON-RESIDENT - INDIVIDUAL \$160.00 or FAMILY \$170.00

SENIOR MEMBERSHIP -

(65 or older in the year 2023 - does not apply to Life program)

RESIDENT INDIVIDUAL \$65.00 or FAMILY \$75.00

NON-RESIDENT INDIVIDUAL \$80 or FAMILY \$90.00

(Family Membership Includes Legal Spouse & those Dependent Children (per tax return) to the age of 18, or 21 if attending an accredited school, born in 2002 or after.)

Active-Duty Military or Disabled Veterans at 50% or greater are awarded complimentary Membership with Proof of Active Military ID or Disability papers. Family upgrade is available to Active Military, Disabled Veterans and Seniors for \$10.00.

PLEASE CHECK **ONE**:

NEW ___ RENEW ___ MILITARY ___ DAV ___ LIFE ___

SENIOR ___ (65 or older, not enrolled in Life program) (If you have questions re: Life or Senior, contact rgrovmcsa@gmail.com)

DATE OF APPLICATION: _____

You MUST fill this application out clearly - you will NOT receive a Membership if we cannot read your application.

NAME: (Please PRINT Clearly)

(First)

(Middle Initial)

(Last)

SIGNATURE: _____

(With my Signature, I agree to have read and will abide by the By-Laws, Rules & Regulations of MCSA)
(no electronic signatures accepted)

Please help us determine our priorities for the 2023 year. Please tell us your Order of Interest in the Following activities that the Club offers its' Members: (Please number 1 through 9).

___ Archery. ___ Pistol Shooting. ___ Trap Shooting. ___ Long Range Rifle Shooting.

___ Hunting & Trapping. ___ Rifle Shooting. ___ 5-Stand. ___ Shotgun Shooting.

___ Club Sponsored or Hosted Shoots (Ground Hog, PRS, Long Range Steel, 600 IBS)

MAILING ADDRESS: (print clearly)

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL: _____

(Your consent to be contacted by MCSA Officers via email is granted by providing your email address. This information is confidential. You will not be contacted unless in regards to your Membership.)

EMERGENCY CONTACT INFORMATION (NAME & PHONE NUMBER) IN CASE OF ACCIDENT ON CLUB PROPERTY:

Contact Name: _____ Contact phone number: _____

Complete this section **ONLY** if you are applying for a Family Membership:

FAMILY MEMBERSHIP:

SPOUSE: _____ DATE OF BIRTH: _____

(Must be considered a Legal Spouse or Dependent for Tax Purposes; Children up to the age of 18, or age 21 if enrolled in an accredited school, not born prior to the year **2002**)

NAME: _____ D.O.B.: _____ SCHOOL: _____

NAME: _____ D.O.B.: _____ SCHOOL: _____

NAME: _____ D.O.B.: _____ SCHOOL: _____

NAME: _____ D.O.B.: _____ SCHOOL: _____

Please make personal check or money order payable to M.C.S.A. No credit credits accepted. You **MUST** bring this **FILLED OUT** application to any Membership meeting (first Thursday of every month) or mail this application along with a **Self-Addressed-Stamped-Envelope** to:

MCSA
PO BOX 22
AARONSBURG, PA 16820

You **MUST** include a self-addressed, STAMPED envelope in order to receive your new membership card. No exceptions.
You must include **BOTH** pages of this application.