

# MIFFLIN COUNTY SPORTSMEN'S ASSOCIATION

## 2022 MEMBERSHIP APPLICATION (VALID 1/1/22 THROUGH 12/31/22)

PENNSYLVANIA RESIDENT: INDIVIDUAL \$120.00 or FAMILY \$130.00  
PENNSYLVANIA NON-RESIDENT: INDIVIDUAL \$150.00 or FAMILY \$160.00

Family Membership Includes Legal Spouse & those Dependent Children to the age of 18, or 21 if attending an accredited school, born in 2001 or after.

Life Membership, Active-Duty Military or Disabled Veterans at 50% or greater are awarded free Membership with Proof of Active Military ID or Disability papers. Membership cannot be obtained at the satellite distributors who handle the selling of Memberships and must be gotten in person at the Club House at any Membership Meeting, held on the 1st Thursday of every month, by mailing in application and requested Proof of active duty or disability with self addressed stamped envelope or by making arrangements with the Membership Secretary. Family upgrade is available to Active Military and Disabled Veterans for \$10.00. Must include s.a.s.e.

PLEASE CHECK: NEW \_\_\_ RENEW \_\_\_ MILITARY \_\_\_ DAV \_\_\_  
(check "RENEW" only if you had a 2021 Membership-check "MILITARY" only if Active Military)

DATE OF APPLICATION: \_\_\_\_\_

You MUST fill this application out clearly - we are not here to decipher your handwriting, you will NOT receive a Membership

NAME: (Please PRINT Clearly) \_\_\_\_\_  
(First) (Middle Initial) (Last)

SIGNATURE: \_\_\_\_\_

(With my Signature, I agree to have read and will abide by the "Charter, By-Laws, Rules & Regulations of MCSA)

MAILING ADDRESS: \_\_\_\_\_

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)

### 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 2001).

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Please make personal check or money order payable to M.C.S.A. No credit credits accepted at any location. You MUST bring this filled out application to any Membership Distributor, 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.**