



The St. Charles Sportsmen's Club

POSTOFFICE BOX 534 • ST. CHARLES, ILLINOIS 60174

THE ST. CHARLES SPORTSMEN'S CLUB APPLICATION FOR MEMBERSHIP *(all fields must be completed)*

Date of Application: _____

Name: _____ Phone: _____

Address: _____
Street City State ZIP

Occupation: _____ Employed by: _____

Work Phone: _____ F.O.I.D. Number: _____ Expires: _____

Are you a U.S. citizen? Yes No

Are you a N.R.A. Member? Yes No

email address: _____

My sporting interests are:

- | | | |
|---------------------------------------|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Trap | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Skeet | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Pistol | <input type="checkbox"/> Sporting Clays |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Registered Target Shorting: | <input type="checkbox"/> ATA <input type="checkbox"/> NSCA |
| <input type="checkbox"/> Other: _____ | | |

I desire to become a member because: _____

I hope to contribute to the club by: _____

Have you ever been convicted of a game violation? Yes No

Sponsors: (1) _____ (2) _____ (3) _____

Initiation Fee: \$ _____ Dues: \$ _____ Date Received: _____

Date presented to Membership: _____

Date accepted by Board of Directors: _____