

ELLSWORTH SPORTSMEN'S CLUB, INC

724-945-5275

ellsworthsportsmensclub@gmail.com

MAILING ADDRESS: PO BOX 300, ELLSWORTH, PA 15331

2024 APPLICATION FOR MEMBERSHIP

(Please Print Clearly and Completely)

Name: _____ DOB: _____

Phone #: _____ Email Address: _____

Club Sponsor _____ (Required)

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Membership Type: New Adult: ____ (\$50) Military/First Responder: ____ (\$40) Junior : ____ (17 & Under: \$15)

(All new members must have a current member sponsor and must attend the next Monthly meeting held on the 2nd Tuesday of the Month at 7pm in order to have membership approved. All new members are on probation for (1) year from the issue date of membership.)

Have either of you ever been convicted of a game or fish law violation? Yes ____ No ____ if yes, explain on back.

I, the undersigned, proclaim that I am of good moral character and believe in the right to keep and bear arms. I agree to abide by the Rules & Regulations given to me at the time of this application and posted on the ESC website. I further pledge not to hold the Ellsworth Sportsmen's Club liable for any unsafe or unforeseen accidents that could occur on the Club property. Upon Submission of my application, I agree to pay the applicable dues for my membership type as indicated above.

Applicant Signature: _____ **Date:** _____

Should my membership be rejected by the club for any reason, said dues will be refunded. Additionally, if any of the above information on this application is found to be inaccurate/untrue, I agree that my membership will be revoked without reimbursement of dues. Club Membership is From January 1st to December 31st of each year.

Officer Signature: _____ **Date:** _____ **Member number issued:** _____

Amount Rec'd: \$ _____ Cash _____ Credit ____ Check # _____

Memberships received or postmarked after January 31st of the membership year will be treated as a new Member. All rules and fees apply to these new Memberships.