ELLSWORTH SPORTSMEN'S CLUB, INC

20 TEN MILE LANE, SCENERY HILL, PA 15360

724-945-5275

ellsworthsportsmensclub@gmail.com

MAILING ADDRESS: PO BOX 300, ELLSWORTH, PA 15331

## 2025 APPLICATION FOR MEMBERSHIP

(Please Print Clearly and Completely)

			DOB:	Age
(First)		(Last)		
Email Address:			Phone #:	
Mailing Address:				
	(Street	Address)		
	(City)		(State)	(Zip)
Membership Type:				
What was your previ			litary/Veteran/First Responder:	:(NEW-\$65 / RENEWAL-\$45)
Have you ever been o	convicted of a gam	e or fish law violatio	n? Yes No II	fyes, explain on the back.
Would you be availabl	le and willing to do	nate your time on c	lub projects? Yes No	
			lub projects? Yes No	
Which current Club Me I, the undersigned, <i>un</i> <i>meeting, which I mu</i> good moral character ByLaws of the Ellswo unsafe or unforeseen the applicable dues for reason, said dues will	ember is sponsorian enderstand that a st be in attendan and that I believe rth Sportsmen's C accidents that co for my membersh be refunded. If a ership will be rev	ng your new member <i>II NEW member a</i> <i>ice, prior to receivi</i> in the right to keep a Club, Inc. I further p build accrue on Club hip type as indicate ny of the above info		e next scheduled members ionally, I proclaim that I am of y the Rules & Regulation and portsmen's Club liable for any ny application, I agree to pay rejected by the Club for any and to be inaccurate/untrue, I
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Membership Number Issued: \_\_\_\_