ELLSWORTH SPORTSMEN'S CLUB, INC

20 TEN MILE LANE, SCENERY HILL, PA 15360 724-945-5275

ellsworthsportsmensclub@gmall.com
MAILING ADDRESS: PO BOX 300, ELLSWORTH, PA 15331

2025 APPLICATION FOR MEMBERSHIP

(Please Print Clearly and Completely)

Name:			DOB:		Age
(First)		(Last)			
Email Address:			Phone #:	Phone #:	
Mailing Address:					
	(Street Address)				
	(City)		(State)		(Zip)
Membership Type:	New Adult:	(Age 18-64; \$50)	Renewal A	dult:	(Age 18-64; \$30)
What was your previo			•	onder:	#20 # 20 (NEW-\$88) RENEWAL-\$889)
meeting, which I must good moral character a ByLaws of the Ellswort unsafe or unforeseen a he applicable dues fo eason, said dues will I	of be in attendary Indicated that I believe In Sportsmen's Control In The Sportsmen	ice, prior to receing in the right to keep club, Inc. I further could accrue on Club ip type as indicating of the above into	ring my membership cerd. and bear arms. I agree to a pledge to not hold the Elisw b property. Upon submissic ed. Should my membersh formation on this application	Additional Addition of the control o	next scheduled members on ally, I proclaim that I am of the Rules & Regulation and ortsmen's Club liable for any application, I agree to pay ejected by the Club for any nd to be inaccurate/untrue, I ship runs from January 1st
Applicant Signature:				Date	e:
			Amount Rec'd:	\$	Cash/Check/Credit
Memberships receiv			st of the membership year v. to these new Memberships.		aated as a new Member.
Club Officer Signature of Acceptance:			Date:		
	Mon	bership Number i	ssued:		