

DWAARKILL ROD & GUN CLUB
DWAARKILL-WALLKILL, NY

Application for Membership

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Email : _____

DATE OF BIRTH: _____

OCCUPATION: _____

HAVE YOU HAD ANY CONSERVATION VIOLATIONS? _____

If yes, please explain: _____

Are you a N.R.A member? _____ N.R.A # _____

Sponsored BY: _____

Applicant Signature: _____

For office use only

ACCEPTED _____ DATE _____

REJECTED _____ DATE _____

COMMENTS _____

