

APPLICATION FOR MEMBERSHIP
STARVIEW SPORTSMEN'S ASSOCIATION

PLEASE PRINT ALL INFO CLEARLY WITH BLUE OR BLACK INK



All the following information **must** be completed for application to be valid for membership

Date Submitted _____

Name _____ Birth Date _____

month day year

Address _____ Phone _____

Street, Apartment No., P.O. Box No.

area code

City _____ State _____ Zip Code _____

Driver's License No. _____

State

Have you been charged with fish or game violation in the past 5 years?

(if yes, please list on back of form)

yes	no

Have you ever been barred from another sportsmen organization?

(if yes, please list on back of form)

yes	no

Annual dues and initiation fee payable when application is accepted for membership

Return completed form to:

Randy Spahr

671 DONERVILLE RD.

LANCASTER, PA 17603

SIGNATURE _____

(Print name here) _____

SPONSOR _____

(Print name here) _____

CO-SPONSOR _____

(Print name here) _____

DATE RECEIVED _____

RECEIVED BY _____

DATE NOTIFIED OF MEMBERSHIP _____

DATE DUES/INITIATION FEE PAID _____

Card # assigned _____