## BRIDGETON TOWNSHIP SPORTSMAN'S ASSOCIATION 2017

## YOUTH MEMBERSHIP APPLICATION

(Fill in all fields)

| Name   |   | Phone. #  |
|--------|---|---|
| Addre  | ess   |   |
| Email_ |   | Birthdate   |
|        |   | (must have sponsor)   |
| Sponso | or Phone#   |   |
| Reason | n for joining:  |   |
|        |   |   |
| Next o | of Kin Name and Emergency   | Contact Number  |
| Requi  | rements and certified agree   | nents:  |
| •      | Attend a minimum of two monthly member meetings per year. (2 <sup>nd</sup> Monday each Month, 7 pm) |   |
| •      | •   | be legally bound by all aspects of the BTSA BTSA Gun Safety Rules and amendments thereto. |
| •      | Must be accompanied by a rapproved member at all time   | egistered member sponsor or parent/guardian es when on BTSA Property                      |
| •      | Pay annual dues of \$10 for r   | membership.   |
| •      | Age 12 to 18 years of age, in   | neligible for Youth Membership upon 18 <sup>th</sup> Birthday                             |
|        | ATURE OF APPLICANT _  |   |
| Paren  | t or Guardian Authorization   | Name (Printed, Signed, Dated)   |
|        |   |   |
| BOARD  | O OF DIRECTORS APPROVAL   | MEMBERSHIP APPROVAL   |
| YES_   | NO  | YES NO  |
| DATE   | Σ   | DATE  |