

**BRIDGETON TOWNSHIP SPORTSMAN'S ASSOCIATION  
2019 FAMILY RANGE MEMBERSHIP APPLICATION**

(Fill in all fields)

Name \_\_\_\_\_ Phone. # \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Reason for joining: \_\_\_\_\_

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Next of Kin Name and Emergency Contact Number \_\_\_\_\_

**Names, Relationship and Ages of Family Members Under This Membership (IAW By-Laws) (Allowable: Mother, Father, Spouse, Siblings, Children & Grand-children)**

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**Qualifications:**

- US Citizen with 2<sup>nd</sup> Amendment gun possession and ownership rights intact.

**Requirements and certified agreements:**

- Attend two monthly member meetings per year, (7 pm, 2<sup>nd</sup> Monday of each month)
- Faithfully observe, obey, and agree to be legally bound by all aspects of the BTSA Constitution and By-Laws and BTSA Gun Safety Rules and amendments thereto.
- Pay annual dues of \$100 for membership, plus \$100 for annual raffle tickets.
- Pay a one-time membership application fee of \$25.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BOARD OF DIRECTORS APPROVAL**

**MEMBERSHIP APPROVAL**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Mail to: BTSA, 1002 Bridgeton Hill Road, Upper Black Eddy, PA, 18972**  
**E-mail to: [btsa14@ptd.net](mailto:btsa14@ptd.net)**