BRIDGETON TOWNSHIP SPORTSMAN'S ASSOCIATION 2019

YOUTH MEMBERSHIP APPLICATION

(Fill in all fields)

Name _	Phone. #	
Addres		
E-mail_		
Reason	or joining:	
Next of	Kin Name and Emergency Contact Number	
Require	ments and certified agreements:	
•	Attend a minimum of two monthly member meetings per year. (2 nd I	Monday each Month, 7 pm)
	Faithfully observe, obey and agree to be legally bound by all aspects Laws, and BTSA Gun Safety Rules and amendments thereto. Hunt v	
•	Must always be accompanied by a member in good standing when o	n BTSA Property
•	Pay annual dues of \$10 for membership.	
	Age 12 to 18 years of age, upon 18 th Birthday but eligible for adult revithout initial application fee.	nembership upon application
	TURE OF APPLICANT	
Guardi	n Authorization and applicant Name (Printed, Signed, Dated)	
		Date
BOARD	F 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