



Marlboro Fish & Game Assoc., Inc
Marlborough, MA 01752

APPLICATION FOR MEMBERSHIP

Date: _____

I, THE UNDERSIGNED, HEREBY AGREE:

TO SUPPORT AND UPHOLD THE BYLAWS OF THE MARLBORO FISH & GAME ASSOCIATION, TO PROMOTE THE INTEREST OF THE LEGITIMATE SPORTS WITH ROD, GUN, AND BOW, TO ENCOURAGE AND ASSIST IN THE CONSERVATION OF NATURAL RESOURCES, TO RESPECT THE RIGHTS OF LANDOWNERS AND FELLOW SPORTSMEN, TO PRACTICE GOOD SPORTSMANSHIP, TO ADHERE TO THE PROECTION AND PROPAGATION OF WILDLIFE.

PLEASE PRINT INFORMATION

Name: _____

Home Phone:_(_____)_____ Cell Phone:_(_____)_____

Address: _____

City: _____ State: _____ Zip: _____

Please state reasons for joining the Association: _____

Please list any special skills that could be useful to the Association:

Have you ever been a member of any other sportsmen's club? ()Yes ()No

If Yes, Please state which one and when: _____

Are you willing to assist in any of the committees at the Association: ()Yes ()No

Wildlife Interest:
()Fishing ()Hunting ()Trapping ()Camping ()Other: _____

Sporting Interest
()Archery ()Rifle ()Pistol ()Other: _____

Do you have a valid Firearms Identification card or pistol permit: ()Yes ()No
If yes, City/Town permitted issued from: _____

Are you presently an *NRA or GOAL member: ()Yes ()No

Are you presently a member of any conservation type organizations : ()Yes ()No
Name of Conservation Organization: _____

ALL APPLICANTS AND/OR THEIR SPONSOR(S) MUST BE PRESENT AT THE MONTHLY MEETING OF THE MARLBORO FISH & GAME ASSOCIATION WHICH IS HELD ON THE FOURTH (4TH) TUESDAY OF THE MONTH AT 7:30 PM. ALL APPLICATIONS ARE READ AND/OR ACTED UPON AT THE MONTHLY MEETING.

UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE WITH THE MEMBERSHIP CHAIRPERSON OF THE ASSOCIATION, ALL APPLICANTS MUST ATTEND THE MEETING FOLLOWING SUBMISSION OF APPLICATION (JUNIOR MEMBERS ARE EXCUSED FROM THIS REQUIREMENT).

Present place of Employment:

Company _____
Address: _____
City: _____ State: _____ Zip: _____

Signature of Applicant: _____

REFERENCES:

ONE CURRENT MEMBER (AS A SPONSOR) OF THE ASSOCIATION:

SIGNATURE OF SPONSOR _____

PRINT NAME OF SPONSOR _____

Address: _____
City: _____ State: _____ Zip: _____

AND/OR TWO REFERENCES

NAME _____	NAME _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE _____	CITY/STATE _____
PHONE: _____	PHONE: _____

NEW MEMBERSHIP FEES

ANNUAL DUES SHALL BE PAYABLE ANNUALLY ON JANUARY 1. APPLICATIONS ACCEPTED AFTER NOVEMBER 1 WILL BE CONSIDERED PAID MEMBERS FOR THE FOLLOWING YEAR. APPLICATIONS FOR THE MONTH OF OCTOBER WILL BE TABLED TO THE NOVEMBER MEETING WITH THE APPLICATION'S AGREEMENT.

YEARLY DUES

ADULT VOTING MEMBER: (18 Years or older)	\$125.00
NON-VOTING SPOUSE MEMBER	\$25.00
JUNIOR NON-VOTING MEMBER	\$10.00

PLEASE DIRECT ALL QUESTIONS REGARDING THIS APPLICATION TO THE MEMBERSHIP CHAIRPERSON, THE PRESIDENT, OR THE VICE PRESIDENT OF THE MARLBORO FISH & GAME ASSOCIATION, INC.

THANK YOU, MEMBERSHIP CHAIRPERSON