

CARD # _____

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Sportsmen Road, P O Box 172, Ludlow MA 01056
2019 MEMBERSHIP APPLICATION

(Please Print)

NAME: _____ NAME OF SPOUSE: _____

ADDRESS: _____ TELEPHONE #: _____

CITY/STATE: _____ ZIP CODE: _____

(Please Print)

EMAIL ADDRESS TO RECEIVE QUARTERLY NEWSLETTER & OTHER ANNOUNCEMENTS: _____

(Check one)

NEW MEMBER _____ RENEWAL _____

CURRENT NRA MEMBER? YES _____ NO _____

CURRENT GOAL MEMBER? YES _____ NO _____

MEMBERSHIP CATAGORIES-

_____ \$115 FAMILY WITH CHILDREN 17 YEARS AND YOUNGER – (NAME 7 AGE) _____

_____ \$105 HUSBAND & WIFE _____

_____ \$100 ADULT (18 AND OVER) _____

_____ \$90 SENIOR CITIZEN (65 & OVER) _____

_____ \$95 SENIOR CITIZEN & WIFE _____

_____ \$55 JUNIOR (UNER 18 YEARS) _____

_____ N/C BOY SCOUT TROOP 1774 – JUNIOR _____

_____ N/C ACTIVE MILITARY (MUST SUBMIT PROOF OF ACTIVE MILITARY STATUS) _____

_____ \$30 MASS. G.O.A.L. MEMBERSHIP – ONE YEAR _____

➤ **PLEASE NOTE: Annual passes to use indoor pistol are EXTRA and can only be obtained through the Range Committee.**

(Check all that apply)

CLUB INTERESTS: ARCHERY _____ FISHING _____ HUNTING _____ PISTOL _____
SKEET _____ TRAP _____ CUB SCOUTS _____ OTHER (Please list) _____

THE LUDLOW FISH & GAME CLUB WAS INCORPORATED ON MAY 18, 1931 "TO PROMOTE THE INTEREST OF LEGITIMATE SPORT WITH ROD & GUN, TO COOPERATE IN THE ENFORCEMENT OF LAWS FOR THE PROTECTION, CONSERVATION & PROPAGATION OF FISH & GAME WITHIN THE COMMONWEALTH AND TO ASSIST IN SECURING SUCH ADDITIONAL LEGISLATION FOR THIS PURPOSE AS MAY BE NEEDED".

THE CLUB OPETATES UNDER A SET OF LAWSS AS AUTHORIZED UNDER CHAPTER 180 OF THE LAWS OF MASSACHUSETTS AND UNDER RULES AND REGULATIONS LEGISLATED BY THE GOVERNING BOARD OF DIRECTORS. VIOLATION OF THESE LAWS OR REGULATIONS SHALL BE CAUSE FOR REVOCATION OF CLUB MEMBERSHIP. ALSO, BY SIGNING THIS AGREEMENT I RELEASE THE LUDDLLOW FISH & GAME CLUB FROM ANY LIABILITY IN THE CASE OF ACCIDENTAL INJURY OR PERSONAL PROPERTY DAMAGE THAT MAY OCCUR DURING THE USE OF THE CLUB FACILITITES.

I UNDERSTAND THE ABOVE CONDITIONS FOR MEMEBRSHIP AND SUBMIT MY APPLICATION.



_____ DATE: _____



2019 MEMBERSHIP APPLICATION RECEIPT - (OFFICE USE ONLY)

NAME: _____ DATE: _____

TYPE: _____ PAYMENT: CHECK# _____ \$ _____ CASH \$ _____

RECEIVED BY _____