

# CCC Membership Application

Send completed application & check payable to:  
Canastota Conservation Club  
PO BOX 221  
Canastota, NY 13032



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employment / Profession \_\_\_\_\_

What other clubs do you belong to? \_\_\_\_\_

What types of firearms do you practice with? \_\_\_\_\_

Have you ever been convicted of a felony? Please initial yes \_\_\_\_\_ or no \_\_\_\_\_.

NRA Member? (Y/N) \_\_\_\_\_

Interested in joining? (Y/N) \_\_\_\_\_

Vehicle you will usually drive to the club? Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate \_\_\_\_\_

**MEMBERSHIP DUES ARE : \$140.00 / YEAR**

## SIGNATURES:

I UNDERSTAND I MUST OBEY ALL SAFETY RULES OF THE CLUB

APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

CLUB MEMBER AND SPONSOR: x \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZING MEMBER: x \_\_\_\_\_ DATE \_\_\_\_\_