

Northwestern CT Sportsmans Association, Inc.

(NWCSA Membership, P.O. 76, West Cornwall, CT 06796) – INFO LINE: 860-738-CLUB 2582) web site: www.nwcsa.org

PLEASE NOTE: YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY & LEGIBLY. ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL AND IS FOR CLUB USE ONLY.

FAMILY APPLICATION

THE PURPOSE OF A FAMILY APPLICATION IS TO PROMOTE PARTICIAPATION AS A FAMILY IN THE N.W.C.S.A. AND TO ENCOURAGE PARENTS AND THEIR CHILDREN'S FUTURE INVOLVEMENT IN CONSERVATION AND IN THE HUNTING AND THE SHOOTING SPORTS ANY REGULAR MEMBER MAY REQUEST FAMILY MEMBERSHIP AFTER 90 DAYS OF MEMBERSHIP IN GOOD STANDING. FAMILY MEMBERSHIP SHALL CONSIST OF MEMBERSHIP FOR THEIR SPOUSE AND FOR THEIR CHILDREN AGES 17 AND UNDER.

SPOUSE'S NAME: _____ DATE: _____ DATE OF BIRTH: _____

SON(S) OR DAUGHTER(S) NAMES _____, _____,

(AGE: _____) (AGE: _____) (AGE: _____)

_____, _____, _____, _____,
(AGE: _____) (AGE: _____) (AGE: _____) (AGE: _____)

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ E-MAIL ADDRESS: _____

REASON FOR JOINING N.W.C.S.A. _____

APPLICATION FEE: \$25 MAKE PAYABLE TO: N.W.C.S.A. (SEND IN WITH APPLICATION)

YEARLY DUES: \$25 (DUE WITH MEMBER'S DUES)

THERE IS NO MANDATORY WORK TIME FOR FAMILYS. BUT THEY ARE MORE THAN WELCOME TO GET INVOLVED WITH ANY EVENTS PUT ON BY THE N.W.C.S.A. Family member hours will count toward the regular member's hours.

ARE YOU A MEMBER OF THE NRA? ____ NRA MEMBERSHIP # _____ EXP. DATE: _____
(N.W.C.S.A. IS A 100% MEMBER AFFILIATED ORGANIZATION) (ON THE COVER OF YOUR NRA MAGAZINE)

DO YOU HAVE A CT HUNTING AND/OR FISHING LICENSE? YES ____ NO ____

I DECLARE MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION TO BE TRUE. I GIVE THE N.W.C.S.A. BOARD OF DIRECTORS THE RIGHT TO INVESTIGATE ALL INFORMATON GIVEN AND/OR SECURE ADDITIONAL INFORMATIONIF NEEDED. I ALSO AGREE TO UPHOLD AND ABIDE BY THE BYLAWS GOVERNING THE N.W.C.S.A.

YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY & LEGIBLY.

SPOUSE'S SIGNITURE: _____ DATE: _____ (REQUIRED)

MEMBER'S NAME: _____ (print legibly)

MEMBER'S SIGNITURE: _____ DATE: _____ (REQUIRED)