

NORTHERN DUTCHESS ROD & GUN CLUB INC.

140 Enterprise Road, PO Box 728, Rhinebeck, NY 12572-0728 •845-876-3711

MEMBERSHIP APPLICATION

NAME:

Last **First** **Middle** **Telephone**

ADDRESS:

Street **Town/City** **State** **Zip Code**

Occupation **Date of Birth** **Age**

<input type="checkbox"/> Married	<input type="checkbox"/> Single
Marital Status	

<input type="checkbox"/> Regular	<input type="checkbox"/> Junior
Membership Type	

E-Mail Address **NDR&GC Member Recommending Membership**

CHARACTER REFERENCES:

1. Name **Address** **Telephone**

2. Name **Address** **Telephone**

Other Club Affiliation (Sporting, Social, etc)

NRA Membership # _____ **Expiration Date:** _____ **Type of Membership #** _____

Have you ever been convicted of a felony? **Yes** **No** *If yes, Explain*

Do you currently possess a handgun permit? **Yes** **No** *If yes, list - State of issue, Type and permit #*

Have you ever been asked to resign or been terminated by another club for any reason? **Yes** **No** *If yes, Explain*

Falsification of any information on this application is cause for rejection. I understand that violation of any club By-Laws or Rules may be grounds for dismissal from the Club at the discretion of the Board of Directors. I also understand the requirements for meetings and work hours and the penalties that can be imposed.

Signature of Applicant

Date

NOTE: Application must be accompanied by a \$150.00 initiation fee and one years dues of \$300.00 (pro rated over 12 month period, \$25/month at time of 2nd reading). All fees and dues will be refunded if application is rejected.

APPLICANT REVIEW CHECKLIST - INTERNAL USE ONLY

Scheduled Interview Date : Club Rules & Regulations/By-Laws Reviewed *Interviewer:*

Interviewers Recommendation **Approve** **Disapprove - Recom'd**

1st Reading

2nd Reading _____

Signature of Interviewer

Date

PROFESSIONAL SKILLS

List any skills you have that could be of benefit to the club and/or its members:

1. _____
2. _____
3. _____
4. _____

COMMITTEE PREFERENCES

Please select any four committees you would like to participate in: 1- 1st choice, 2- 2nd choice, etc.

- | | | |
|---|---|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Grounds | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> 3 D Archery | <input type="checkbox"/> .22 Woods Walk | <input type="checkbox"/> Fire Wood |
| <input type="checkbox"/> Annual BBQ | <input type="checkbox"/> Veteran's Shoot | <input type="checkbox"/> Highway Clean Up |
| <input type="checkbox"/> DC Fair Wildlife Exhibit | <input type="checkbox"/> Annual Game Dinner | <input type="checkbox"/> Annual Trout Derby |
| <input type="checkbox"/> Pancake Breakfast | <input type="checkbox"/> Steel Plate Shoot | |

EMERGENCY CONTACT INFORMATION

Emergency Contact 1.

Name: _____ Relationship: _____
Home Telephone # _____ Cell Telephone # _____

Emergency Contact 2.

Name: _____ Relationship: _____
Home Telephone # _____ Cell Telephone # _____

Allergies to medication, plants, insects, etc...

I choose not to furnish any emergency contact information at this time. This Information will be provided once my application is approved.