

Heidelberg Sportsmen's Association

P.O. Box 107

Schaefferstown, PA 17088

(717)949-3108

memberships@heidelberg.org

www.heidelberg-sportsmens-association.org

New Member Application

(Membership valid until Dec 31st of year paid)

Date: _____

Membership Type: Individual Membership (18 years and over as of Jan 1) **\$70** _____
 Family Membership (Parents and children under 18 years of age) **\$85** _____
Checks can be made payable to Heidelberg Sportsmen's Association
*The membership price reflected on this form **includes** a \$25 New Member Fee.*

- **ALL** New Membership Applicants will be **subject to a background check**. Any member aged **12 and over** will need club orientation.
- **ALL** New Membership Applicants must have a Current Club Member sponsor them for membership **OR** have taken any firearms training course. A copy of your signed training course completion certificate or card must be attached to this Membership Application
- **Family Memberships** include your spouse and any child under 18 (as of January 1st of the year for which dues are paid) given a Shooters Release form is signed by the **legal guardian** for **each** child listed.
- New Members are required to attend a work detail in the first year. If the requirement is not met the member will be required to pay **double membership fees** in order to renew membership.
- Renewal dues not received **before** February 1st will require you to re-apply as a new member at the price of the current New Member Application (inclusive of the New Member Fee), and meet all requirements for a new member

INDIVIDUAL AND FAMILY MEMBERSHIPS (PLEASE PRINT):

Full Legal Name: _____

Date of Birth: _____ Occupation: _____

Phone Number: (____) _____ - _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Emergency Contact Phone Number: (____) _____ - _____

FAMILY MEMBERSHIP ONLY (PLEASE PRINT):

(Please use the back of form if additional space is needed)

Spouse's Full Legal Name (if applicable): _____

Spouse's Date of Birth: _____ Phone Number: (____) _____ - _____

Child's Legal Name (if applicable): _____ Child's Date of Birth: _____

Child's Legal Name (if applicable): _____ Child's Date of Birth: _____

MEMBERSHIP SPONSOR:

Legal Name (PLEASE PRINT): _____

Signature: _____

By signing this Membership Application, you confirm that the above information is True and Correct, and you agree to abide by the Bylaws of the Heidelberg Sportsmen's Association. Your signature will also serve as confirmation that you have read and will abide by all Range Rules of the Heidelberg Sportsmen's Association and will assist in the enforcement of those rules. In addition, you have read and agree to the Heidelberg Sportsmen's Association Terms of the "Shooter Release Form."

Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

OFFICE USE: BC: _____ Date of Orientation: __ / __ / ____ Completed By: _____ Membership # _____