

**Heidelberg Sportsmen's Association**

P.O. Box 107

Schaefferstown, PA 17088

(717)949-3108

memberships@gmail.com

[www.heidelbergsportsmensassociation.org](http://www.heidelbergsportsmensassociation.org)

# Membership Renewal

(Membership valid until Dec 31<sup>st</sup> of year paid)

Date: \_\_\_\_\_

Membership renewal period: November 1<sup>st</sup> to February 28<sup>th</sup>

Membership Type: Individual Membership (18 years and over as of Jan 1) \$45 \_\_\_\_\_  
Family Membership (Parents and children under 18 years of age) \$60 \_\_\_\_\_

Checks can be made payable to Heidelberg Sportsmen's Association

- Membership Renewal fees received without this form completed will not be processed.
- **Family Memberships** include your spouse and any child under 18 (as of January 1<sup>st</sup> of the year for which dues are paid).
  - If a child has turned **12** prior to renewal, child will require club orientation.
- For first time renewals: If the work party requirement has **not** been met, **double membership fees** are required in order to renew membership.
- Renewal dues not received **before** February 1<sup>st</sup> 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), meet all requirements for a new member (Club safety Orientation, Work Party, etc.)

### INDIVIDUAL AND FAMILY MEMBERSHIPS (PLEASE PRINT):

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Membership Number: \_\_\_\_\_

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: \_\_\_\_\_

*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: \_\_\_\_\_

FOR OFFICIAL USE ONLY: Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_ Card Sent: \_\_\_ / \_\_\_ / \_\_\_\_\_