

Membership Application



Wellsville Rod & Gun Club

Since 1915

NAME: _____ Membership year _____ (1/1-12/31)

Address: _____

Phone: _____

Email: _____ (Future correspondence will be by email)

Signature: _____ Date: _____

Please check the membership category and include the corresponding payment:

Fees: Individual Annual Membership \$25.00 _____ Family Membership \$60.00 _____

Three-Year Individual Membership \$65.00 _____ Lifetime Membership \$350.00 _____

Return the completed form with payment to: **Wellsville Rod & Gun Club**
PO Box 53, Wellsville NY 14895