

# 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 \_\_\_\_\_ Junior Membership \$10.00 \_\_\_\_\_

Lifetime Membership \$350.00 \_\_\_\_\_

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