



# MEMBERSHIP APPLICATION

Hudson Falls Fish & Game Club  
P.O. Box 332  
Hudson Falls NY, 12839

Please Print Legibly

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

M  F

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( ) ( ) ( )

Home Phone Cell Work (optional)

\_\_\_\_\_  
Email Address NRA Number (NRA Membership not required)

\_\_\_\_\_  
Person to contract in case of emergency. Phone No.

Work Exempt (Age 65 or older) Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Family Membership Information

*Please only list the names of immediate family members that you wish to enroll for membership who will be shooting at the club. Family members are defined as your spouse or significant other and your children between 12 and 18. Family members over 18 may be enrolled if they currently attend college full time or are serving on active duty in the US military.*

\_\_\_\_\_  
Name of Spouse or Significant Other

\_\_\_\_\_  
Child's Name Son  Daughter

\_\_\_\_\_  
Child's Name Son  Daughter

\_\_\_\_\_  
Child's Name Son  Daughter

\_\_\_\_\_  
Child's Name Son  Daughter

### Certification

The undersigned applicant certifies that he/she has not been convicted of a felony, is free of any legal impediments for the possession and use of firearms and all information provided herein is true and correct. The applicant further agrees to follow all rules set forth by the Hudson Falls Fish and Game Club and to conduct himself/herself in a friendly sportsmanlike manner at all times while engaging in any activity at the club.

\_\_\_\_\_  
Print full name above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date