CROW RIVER SPORTSMAN'S CLUB

MEMBERSHIP APPLICATION

PLEASE PRINT

_____

LAST NAME FIRST MI

_____

STREET ADDRESS

_____

CITY ZIP CODE

_____

TELEPHONE NUMBER

_____

EMAIL ADDRESS

_____

NAME OF LEAGUE SHOOTING TEAM (If applicable)

65 years of age or older_____(One time fee of $20.00 for Senior Membership)

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Office Use Only

2014___Paid Date_____

2015___Paid Date_____

2016___Paid Date_____

2017___Paid Date_____

2018___Paid Date_____