



STAFFORD FISH and GAME CLUB, INC.

PO Box 74, Stafford Springs, Connecticut 06076 Tel: (860) 684-7636, info@staffordfishandgame.com

APPLICANT INFORMATION				
Full Name (First Middle-Initial Last):			Marital Status: M <input type="checkbox"/> S <input type="checkbox"/>	
Date of Birth (Must be 16) / /	Ages of Children:		Home Phone: ()	
Email Address:			Cell Phone: ()	
Street Address (Home):	City	State	Zip	
EMPLOYMENT INFORMATION				
Current Employer:			Job Description:	
EMERGENCY CONTACT				
Name:			Phone: ()	
Street:	City:	State:	Zip:	
AFFILIATIONS (Please check all boxes)				
Have you ever applied or belonged to SF&G before? Y <input type="checkbox"/> N <input type="checkbox"/> Year:				
Member of National Rifle Association? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other Sportsmen's Clubs or Associations that you are/were a member? Yes <input type="checkbox"/> No <input type="checkbox"/> (list all)				
Have you ever been suspended, expelled, or asked to give up your membership by any other Club? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:				
PERMITS (Please check all boxes)				
Have you been issued or applied for a Pistol Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you been issued or applied for an FFL Card? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been denied a Pistol Permit or FFL Card? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state reason:				
REASON FOR JOINING (Please check all applicable boxes)				
I am interested in: <input type="checkbox"/> Pistol/Rifle <input type="checkbox"/> Hunting <input type="checkbox"/> Archery <input type="checkbox"/> Trap/Skeet <input type="checkbox"/> Black-powder <input type="checkbox"/> Fishing				
List other reason(s) why you would like to join the STAFFORD FISH and GAME CLUB, INC.				
SPECIAL SKILLS or QUALIFICATIONS				
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.				

REFERENCES/SPONSOR (MUST PROVIDE TWO) Note: References do not need to be a Club Member		
Name:	Address:	Phone: ()
Name:	Address:	Phone: ()
Sponsor/Member Name:	Address:	Phone: ()

APPLICATION FEES AND OBLIGATIONS

A non-refundable fee of \$50 must be submitted with the application

A probationary fee of annual dues, \$99 and a land assessment fee of \$100 are due upon the applicant attending their first meeting and becoming a probationary member.

Probationary members are required to both attend five (5) monthly sessions and perform thirty two (32) volunteer hours during their 12 month probationary period.

SUBMISSION REQUIREMENTS

This fully completed application plus a signed and dated waiver (see attached). Remit all documents at one time to: Corresponding Secretary, PO Box 74, Stafford Springs, CT 06076

Make check payable to: Stafford Fish and Game Club

STATEMENT OF UNDERSTANDING

I understand that if accepted as a probationary member of the Stafford Fish and Game Club, INC. by vote of the membership, I will read, follow, and adhere to all the rules, regulations and bylaws of the club. A copy of same will be provided to me at the end of my probationary period. I understand my membership may be terminated for any violations of the rules, regulations and bylaws of the club. **I certify I am at least 16 years of age and a citizen of the United States of America and not directly or indirectly a member of or in any way connected with the Communist Party or I am a member of any organization or group seeking the overthrow of the Government of the United States or any lawful authority. I further certify that I have never been convicted of a felony and can legally be around firearms, and that, if admitted to membership, I will fulfill the obligations of good sportsmanship, abide by all the stated rules and regulations of the Stafford Fish and Game Club, and maintain the high standards thereof.** FAILURE TO COMPLY WITH ANY ONE OF THE ABOVE REQUIREMENTS COULD RESULT IN REJECTION OF YOUR APPLICATION FOR MEMBERSHIP IN THE STAFFORD FISH AND GAME CLUB, INC. All applications not completely filled out as required will be subject to rejection.

SIGNATURE

Signature of Applicant:	Date: / /
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FOR FURTHER INFORMATION AND/OR QUESTIONS, CONTACT:

Corresponding Secretary email: noreply@staffordfishandgame.com

FOR CLUB USE ONLY

App & App Fee received _____	Application Approved / Denied _____
Applicant Notified _____	Sponsor Notified _____
Dues and Initiation Fee received _____	Enrolled as P _____