

## ALLIED SPORTSMEN OF WESTERN NEW YORK - MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		Membership Number: #
Email:	Home Phone:	Cell Phone:
Current Address:		Pistol Permit:
City:	State:	Zip Code:
Occupation:	Best Time to Call:	Your Date of Birth: ___ / ___ / ___
Family Membership: [ ]	Spouse Name:	

### CLUB AFFILIATION

NRA Member?	SCOPE Member?	NYSRPA Member?
NRA Instructor/Coach? Rifle, Pistol, Shotgun, (Please circle)		Other Membership:
NYS Hunting Instructor? Shotgun, Rifle, Archery, Trapping (Please circle)		

### AREAS OF INTEREST (CHECK IF INTERESTED)

<input type="checkbox"/> Hunting	<input type="checkbox"/> Trap Shooting	<input type="checkbox"/> Pistol Shooting	<input type="checkbox"/> Practical Pistol Course	<input type="checkbox"/> Archery
<input type="checkbox"/> Fishing	<input type="checkbox"/> Target Shooting	<input type="checkbox"/> Reloading	<input type="checkbox"/> Dog Training	<input type="checkbox"/> 3-D Archery
<input type="checkbox"/> Trapping	<input type="checkbox"/> .22 Rimfire	<input type="checkbox"/> J.O.A.D.	<input type="checkbox"/> Black Powder	

### GENERAL QUESTIONS

Why do you want to become a member?
What are you looking for in the club?
What can we do to increase your interest in the club?

### COMMITTEE ACTIVITIES (CHECK AT LEAST ONE)

<input type="checkbox"/> Grounds	<input type="checkbox"/> Rifle	<input type="checkbox"/> Membership	<input type="checkbox"/> Bar
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Archery	<input type="checkbox"/> Range Training	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Safety & Security	<input type="checkbox"/> Publicity	<input type="checkbox"/> Legislation	<input type="checkbox"/> Trap
<input type="checkbox"/> Audit	<input type="checkbox"/> Pistol	<input type="checkbox"/> Merchandise Sale	<input type="checkbox"/> Kitchen
<input type="checkbox"/> IT/Computer Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CODE OF CONDUCT

As a member of the Allied Sportsmen of Western New York, I will abide by all club rules as contained in the Constitution and By-laws, and any other rules or regulations which may be enacted by the club in the future. I will speak and behave in a gentlemanly and sportsmanlike manner at all times while on club property or club functions. I will personally accompany any guests I invite to the club or its functions and will see that they act in the same manner. I will not engage in or allow any of my guests to engage in immoral or illegal activities while on club property or at club functions. I understand that Allied Sportsmen of Western New York is a member owned club and that club property is reserved exclusively for the use of its members and their guests. I will not divulge any security codes, or loan keys for club property or equipment to anyone who is not a member unless specifically authorized to do so by the club. **I will not participate in any firearms activities while under the influence of alcohol or mind-altering substances and/or a combination of any incompatible drugs.** The member will follow commonly accepted shooting safety rules at all times. I understand that violation of this Code will result in my being asked to leave club property or the activity at which the violation takes place and will result in being permanently expelled from club membership.

### SIGNATURES

Signature of Applicant:	Date: ___ / ___ / ___
Signature of Membership Committee Member:	Date: ___ / ___ / ___

### OFFICIAL USE ONLY

Initiation Fee Paid	Date: ___ / ___ / ___	Membership Dues Paid	Date: ___ / ___ / ___
Background Check	Date: ___ / ___ / ___	Range Qualification	Date: ___ / ___ / ___
Read & Sign Range Rules	Witnessed by:		Date: ___ / ___ / ___
Key Class/\$50 Key Deposit	Date: ___ / ___ / ___	½ Participation Hours Completed	Date: ___ / ___ / ___
Probation Completed (3 Mth.)	Date: ___ / ___ / ___		Date: ___ / ___ / ___
Key Returned	Date: ___ / ___ / ___	Key Refunded \$50	Date: ___ / ___ / ___