



GUILFORD SPORTSMEN'S ASSOCIATION
JUNIOR MEMBERSHIP APPLICATION

APPLICANT'S CONTACT INFORMATION

DATE OF APPLICATION ___/___/___

APPLICANT'S NAME _____

DATE OF BIRTH ___/___/___ US CITIZEN: YES NO

HOME ADDRESS _____ HOW LONG _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

CONNECTICUT HUNTING, FISHING, TRAPPING LICENSE: YES NO CONSERVATION ID NUMBER: _____

DO YOU POSSESS ANY TYPE OF HUNTER SAFETY OR FIREARMS TRAINING CERTIFICATES: YES NO

TYPE(S) _____

HAVE YOU EVER BEEN ARRESTED FOR OTHER THAN MOTOR VEHICLE INFRACTION: YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

HAVE YOU EVER BEEN INVOLVED IN ANY YOUTH RELATED OUTDOOR ACTIVITIES: YES NO

IF YES, PLEASE DESCRIBE:

PARENT'S CONTACT INFORMATION

NAME _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

IMPORTANT

IF ACCEPTED AS A JUNIOR MEMBER IN THE GUILFORD SPORTSMEN'S ASSOCIATION, I UNDERSTAND THAT IF I DO NOT HOLD A VALID CONNECTICUT STATE PISTOL PERMIT THAT I CANNOT LEGALLY TRANSPORT A HANDGUN TO OR FROM GSA CLUB, PROPERTY. I ALSO UNDERSTAND THAT I MUST PRODUCE ANY PERMITS UPON REQUEST.

FAILURE TO ABIDE BY THE BY-LAWS OF THE GSA MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL FROM THE GSA. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS ON MY MEMBERSHIP APPLICATION ARE GROUNDS FOR IMMEDIATE DISMISSAL. IN ADDITION, SHOULD MY MEMBERSHIP BE TERMINATED FOR JUST CAUSE BY THE BOARD OF DIRECTORS DURING MY ONE YEAR PROBATIONARY PERIOD FOR NEW MEMBERS, I WILL FORFEIT ALL MONEYS PAID TO THE GSA INCLUDING ANY APPLICATION AND INITIATION FEES.

APPLICANT'S SIGNATURE: _____ DATE: ___/___/___

PARENT'S SIGNATURE: _____ DATE: ___/___/___

GSA SECTION

ACCEPT / DENY DATE OF DECISION ___/___/___ MEMBERSHIP ID # _____ CHAIRMAN _____