

DATE RECEIVED: _____

PROCESSED BY: _____



www.guilfordsportsmen.org

GUILFORD SPORTSMEN'S ASSOCIATION
MEMBERSHIP APPLICATION

CIRCLE: NEW RE-JOIN

APPLICANTS' NAME: _____ DATE OF BIRTH: ____ / ____ / ____ US CITIZEN: YES NO

HOME ADDRESS: _____ HOW LONG _____

PREVIOUS ADDRESS: _____ HOW LONG _____

E-MAIL ADDRESS: _____ @ _____ HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____ HOW LONG: _____

MILITARY SERVICE: YES NO BRANCH: _____ DISCHARGE TYPE: _____

MARRIED: YES NO CHILDREN: YES NO AGES: _____ THEIR INTERESTS: _____

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

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED: YES NO IF YES EXPLAIN: _____

DO YOU HOLD A CONNECTICUT PISTOL PERMIT: YES NO PERMIT NUMBER: _____

HAVE YOU EVER BEEN DENIED A PISTOL PERMIT OR HAD ONE SUSPENDED OR REVOKED: YES NO

IF YES EXPLAIN: _____

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

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

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED IN ANY COURT OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE: YES NO

ARE YOU SUBJECT TO A COURT ORDER RESTRAINING YOU FROM HARASSING, STALKING OR THREATENING ANOTHER PERSON INCLUDING YOUR PARENT, PARTNER OR CHILD: YES NO

IF YES EXPLAIN: _____

ALL GSA MEMBERS MUST BE A MEMBER OF THE NATIONAL RIFLE ASSOCIATION (NRA).

ARE YOU PRESENTLY A MEMBER OF THE NRA: YES NO NRA MEMBERSHIP NUMBER: _____

LIST ANY OTHER SPORTSMEN'S ORGANIZATIONS THAT YOU CURRENTLY BELONG TO: _____

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

IF YES, EXPLAIN: _____

PLEASE SELECT THREE COMMITTEES THAT YOU ARE INTERESTED IN SERVING ON. GSA BY-LAWS REQUIRE EVERY MEMBER TO BE ON A COMMITTEE. PLEASE NOTE THAT THE GSA BOARD OF DIRECTORS RESERVES THE RIGHT TO ASSIGN A MEMBER TO A COMMITTEE OTHER THAN THOSE YOU HAVE SELECTED SHOULD THOSE BE FULL OR BECAUSE OF NEED.

1. _____ 2. _____ 3. _____

IMPORTANT!

IF ACCEPTED AS A 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 MONIES PAID TO THE GSA INCLUDING ANY APPLICATION AND INITIATION FEES.

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

WITNESS: _____ DATE: ____/____/____

GSA MEMBER SPONSORS:

1. _____ (Print Name) _____ (Signature)

2. _____ (Print Name) _____ (Signature)

3. _____ (Print Name) _____ (Signature)

SPONSOR OR APPLICANT COMMENTS: _____

MAIL TO: GUILFORD SPORTSMEN'S ASSOCIATION, c/o Lary Ahearn, 19 Summit Drive, North Branford, Ct. 06471-1233

GSA Use Only

Date of Denial	Date of Acceptance	Member Number (Assigned by Treasurer)	Resignation Date