



APPLICATION FOR MEMBERSHIP
Ambridge District Sportsmen's Association, Inc.
2900 Ridge Road Ext. Baden, PA 15005
(724) 869-9749

Application must be complete, legible, and signed. Please print clearly.

I _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____ Spouse's Name: _____

Am a citizen of the United States and do hereby apply for membership in the Ambridge District Sportsmen's Association.

Membership Type: (circle one) Junior Adult

Applicant - I CERTIFY THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT ANY MISSTATEMENTS OR MIS-REPRESENTATIONS WILL WAIVE ALL RIGHTS OF MEMBERSHIP IN ADSA. As a condition of my acceptance as a member, I promise to abide by all by-laws, rules, and regulations of ADSA. I understand that my membership may be suspended or revoked for non-compliance.

Applicant under 18 years of age must have signature of parent or legal guardian.

Signature _____ Signature _____
(OFF APPLICANT) (OFF PARENT OR GUARDIAN)

Recommending member must be a member in good standing for at least one year.

Recommending member: _____ Signature _____
(PRINT NAME) (OFF RECOMMENDING MEMBER)

Photo Id Verified By (not required for Junior Members): _____

Initiation Fee \$ _____ Dues \$ _____ Total \$ _____ Paid by (circle one): Cash Check

Ambridge District Sportsmen's Association Receipt for Membership Application

Name of Applicant: _____

Received by: _____ Date _____

Initiation Fee \$ _____ Dues \$ _____ Total \$ _____ Paid by (circle one): Cash Check

NOTICE TO APPLICANT - Appearance at the next General Membership Meeting, held the third Tuesday of each month, is preferred but not required.