

Please bring completed form to club meeting. See website (www.mansfieldfish.com) for dates and directions.
All fees are due and payable at the time of membership acceptance by Club membership.

Mansfield Fish and Game Protective Association, Inc.

P.O. Box 261, Mansfield, MA 02048 (508) 339-2643

APPLICATION FOR MEMBERSHIP

Please Note: Any modifications to the wording of this document will render null and void any membership agreement between Mansfield Fish & Game and the applicant. Each applicant, regardless of member type must present a completed application to the board/membership.

Date _____

I hereby make application for membership in the Mansfield Fish & Game Protective Association, Inc.

I, _____, do hereby give my consent to the inquiry of my character and qualifications as the Mansfield Fish & Game Protective Association, Inc. shall deem necessary. I also agree to uphold the Bylaws, Standing Rules and Range Rules of said organization if I am accepted.

Fee Schedule

Annual Dues	\$100.00
Building Assessment	\$100.00
Key FOB	\$ 5.00
Spouse Member	\$ 20.00
Junior Member	\$ 10.00

Life Member No fee (Age 65 or older, with five years of consecutive membership)

Sponsor _____ Signature _____

In order to recommend a new member, a sponsor must have been a member in good standing for at least one year.

All applicants with a sponsor may seek membership at any General Membership Meeting. All other applicants must appear before the Board of Directors (BOD) or Membership Committee. The Board/Committee reserves the right to accept or reject any prospective applicant. New members are not considered full members until a probationary period of ninety (90) days has elapsed. Applicants must have, and continue to maintain, valid membership in either the National Rifle Association of America or Gun Owners Action League to be considered members of the MFGPA.

N.R.A. ID# _____ Exp: _____ and/or G.O.A.L. # _____ Exp: _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ E-mail _____ Date of Birth _____

Occupation _____

Do you belong to any other Club? _____

Hobbies and Interests: _____

Do you have a license to carry a Firearm? Yes ___ No___

Issuing city or town _____ State ___ License # _____

Please list ways in which you feel you can help the club:

Please read carefully and sign

- You are not a "prohibited person" as defined by MA and Federal Law, are not currently under indictment or prosecution for any offense, and are not wanted for questioning or arrest by any law enforcement or government agency.
- You are required to appear before the BOD/Membership Committee or Members with your application in order to be considered for membership. Meetings dates and times are announced on the website.
- You will be accepted on a probationary basis only, for a period of ninety (90) days. During this period, you are encouraged to attend club functions and introduce yourself as a new member to Club Officers and members at these functions.
- You understand that the Board may terminate your membership at its sole discretion should you disregard club rules, damage club property, act in an unsafe manner, act against the interests of the club, or conduct yourself in an inappropriate manner.
- As a member, you agree to sign in and out on the Club's log book upon entering and upon leaving the club property. If you are the last person to sign out, you will make sure the entrance gate to the property is properly locked.
- Before being permitted to use the shooting range facilities, you shall be required to attend an orientation meeting to fulfill the checklist requirements.*
- You understand that by signing this application you are acknowledging that your knowledge of safe firearm handling is your responsibility and that you will seek training or guidance as needed.
- You have read and understand the above terms and conditions for membership and agree to adhere to them according to the Club's Bylaws, Standing Rules and Range Rules.

Applicant Signature _____

This section is for Club use only

Board Decision: Accept Reject Membership Number _____

Membership: \$ _____ Constant Contact ___

Assessment: \$ _____ Database ___

FOB: \$ _____ FOB# _____

Discount \$ _____

Total Paid \$ _____ CASH ___ CHECK ___ (CHECK # _____)

Signature of Purser _____