

Officers Review Initials

## APPLICATION FOR MEMBERSHIP

**Rev. 1-2022**

# SANDY FORD SPORTSMAN'S CLUB

**P.O. BOX 913**  
**STREATOR, IL 61364-0913**

Payment type  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

[www.sandyfordsportsmansclub.com](http://www.sandyfordsportsmansclub.com)

PLEASE PRINT INFORMATION

DATE :      /      /      /

NAME

LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS

STREET CITY STATE ZIP

E-MAIL ADDRESS

PHONE NUMBER (       ) CELL PHONE NUMBER (       )

FOID NUMBER Expires on       /       /       /20

DATE OF BIRTH: DRIVERS LICENSE #

1. VEHICLE LICENSE PLATE # 2. VEHICLE LICENSE PLATE #

MARRIED SINGLE

PLACE OF CURRENT EMPLOYMENT

SPOUSE (FULL NAME) AND CHILDREN UNDER 18 YEAR OLD:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DOES YOUR SPOUSE REQUEST MEMBERSHIP CARD FOR USE OF FACILITIES? YES NO

I Sponsor this person/ Family for membership and I'm in good standing \_\_\_\_\_ Date \_\_\_\_\_

I Sponsor this person/ Family for membership and I'm in good standing \_\_\_\_\_ Date \_\_\_\_\_

CIRCLE SPORTING INTEREST: FISHING - HUNTING - 3D BOW - TRAP SHOOTING - INDOOR PISTOL - OTHER

PLEASE READ CAREFULLY: I understand this is only an application which may be approved or rejected by the club's governing board of directors. If accepted, I shall be entitled to the privileges and benefits of the club's lake, shooting range and grounds of which I have paid a fee of **\$270.00** for the first year and **\$90.00** Dues & fines every year thereafter (**unless changed**). In order to receive my membership card and gate key I understand that I must attend my first monthly meeting which is the third Thursday of every month except December at 7:00PM. I also fully understand I may be revoked from the club after becoming a member for breaking club rules and regulations (these are my responsibility to know, understand and obey). I shall not take anyone who is not a member with me . or any part of my family who is not a member unless, I follow guide lines of the By-Laws .I will perform ten work hours pre year for first 3 years then afterwards @\$20.00 per hr 10 hours required per year at scheduled functions or an additional **\$200.00** max will be assested the following year.

See By-Laws for these changes .

Signed: \_\_\_\_\_ Date:                      /                      /

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