



Woburn Sportsmen's Association, Inc.

P.O. BOX 266

Bedford, MA 01730-0266

(781) 275-7323

Membership Application (please print)

LAST: **F O R**
 OFFICE **O F F I C E**
 USE **U S E**
 FIRST: **F I R S T**
 ONLY **O N L Y**
 MI: **M I**
 ID #: **I D #**

Last Name	<input type="text"/>	First Name	<input type="text"/>	Initial	<input type="text"/>
Street Addr	<input type="text"/>				
City/Town	<input type="text"/>	State	<input type="text"/>	ZIP + 4	<input type="text"/>

E-Mail Address	<input type="text"/>	Evening & Weekend Tel	<input type="text"/>
----------------	----------------------	-----------------------	----------------------

Occupation	<input type="text"/>
Employer	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
Years at Current Employer	<input type="text"/>
Citizenship	<input type="text"/>

Gender	<input type="text"/>
Date Of Birth	<input type="text"/>
Place of Birth	<input type="text"/>

FIREARMS ID CARD	LICENSE TO CARRY
Issue Number	<input type="text"/>
Place of Issue	<input type="text"/>
Expiration Date	<input type="text"/>

OTHER MEMBERSHIPS
<input type="text"/>
<input type="text"/>
<input type="text"/>

EMERGENCY NOTIFICATION

Person	<input type="text"/>	Relationship	<input type="text"/>	Tel	<input type="text"/>
--------	----------------------	--------------	----------------------	-----	----------------------

I hereby affirm, that to the best of my knowledge, the above information is complete and accurate. I understand that any misrepresentation or misinformation given on this application is sufficient cause to deny membership to me, and could, in the future result in my expulsion from the Association.

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>
Sponsor's Name	<input type="text"/>	Sponsor's ID #	<input type="text"/>

FOR OFFICE USE ONLY

MEMBERSHIP REQUIREMENTS			
First Reading	<input type="text"/>	Work Requirement	<input type="text"/>
Indoctrination Meeting	<input type="text"/>	Second Reading	<input type="text"/>
Range Familiarization	<input type="text"/>	Life Member #	<input type="text"/>
Range Rules Test	<input type="text"/>	Effective Date	<input type="text"/>
		Key Card #	<input type="text"/>

MEMBERSHIP FEE	
Amount & Date Paid	<input type="text"/>
Payment Method	<input type="text"/>
Check or Receipt #	<input type="text"/>
Payment Received By	<input type="text"/>

