

MIFFLIN COUNTY SPORTSMEN'S ASSOCIATION

You MUST be able to read and communicate in the English language in order to proceed with this application.

DEBE ser capaz de leer, hablar y entender el idioma inglés para proceder con esta solicitud.
您必须能够阅读和说英语才能继续此申请。

2024 MEMBERSHIP APPLICATION

(VALID 1/1/24 THROUGH 12/31/24)

RESIDENT

PENNSYLVANIA RESIDENT - INDIVIDUAL \$165 .00

PENNSYLVANIA RESIDENT - FAMILY \$175.00

NON-RESIDENT

PA NON-RESIDENT - INDIVIDUAL \$195.00

PA NON-RESIDENT - FAMILY \$205.00

SENIOR MEMBERSHIP

(MUST be 65 in the year 2024 to qualify)

PA RESIDENT INDIVIDUAL \$70.00 or FAMILY \$80.00

PA NON RESIDENT INDIVIDUAL \$85.00 or FAMILY \$95.00

Active-Duty Military or Disabled Veterans at 50% rating or greater are awarded complimentary Membership with Proof of Active Military ID or official Disability papers. Family upgrade is available to Active Military, Disabled Veterans and Seniors for \$10.00.

(Maintenance Assessment Fee does not apply to LIFE, DAV, Senior or Active Military Membership)

THIS YEAR THERE HAS BEEN AN ADDED MAINTENANCE ASSESSMENT TO YOUR TOTAL AMOUNT DUE FOR MEMBERSHIP. EACH PERSON APPLYING FOR MEMBERSHIP HAS HAD \$25.00 ADDED TO THEIR AMOUNT DUE FOR MEMBERSHIP. THIS IS IN ORDER TO PAY FOR THE CLUB TO HIRE CONTRACTORS TO HANDLE THE MAINTENANCE THAT OUR FEW VOLUNTEERS CANNOT ACCOMPLISH. IF YOU HELP US WITH 5 HOURS OF CLUB WORK OR TO BE DETERMINED EQUIVALENT HELP, IT WILL BE RECORDED, DOCUMENTED AND YOU WILL BE REFUNDED THE \$25.00 WITH A CLUB ISSUED CHECK. PLEASE CHECK THE CLUB'S WEBSITE CALENDAR OF EVENTS AND IMPORTANT ANNOUNCEMENTS PAGE IN ORDER TO FOLLOW SCHEDULED WORK DAYS. PLEASE LET US KNOW OF ANY SPECIAL SKILLS YOU MAY OFFER TO THE CLUB. ALWAYS CHECK THE CALENDAR OF EVENTS TO SEE CLUB CLOSINGS & RENTALS, ETC.

(Maintenance Assessment Fee does not apply to LIFE, DAV, Senior or Active Military Membership)

You MUST fill this application out clearly - you will NOT receive a Membership if we cannot read your application.

PLEASE CHECK **ONE**:

NEW ___ RENEW ___ MILITARY ___ DAV ___ LIFE ___ SENIOR ___ **(65)** or older (in 2024), not enrolled in Life program)

DATE OF APPLICATION: _____

NAME: (Please **PRINT** Clearly)

(First) (Middle Initial) (Last)

MAILING ADDRESS: (Please **PRINT** clearly)

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL: _____

(Your consent to be contacted by MCSA Officers via email is granted by providing your email address. This information is confidential. You will not be contacted unless in regards to your Membership or Club related news.)

EMERGENCY CONTACT INFORMATION (**NAME & PHONE NUMBER**) IN CASE OF ACCIDENT ON CLUB PROPERTY:

SIGNATURE: _____

(With my Signature, I agree to have read and will abide by the By-Laws, Rules & Regulations of MCSA)
(no electronic signatures accepted)

Please make personal check or money order payable to M.C.S.A. No credit cards accepted. You **MUST** bring this **FILLED OUT** application to any Membership meeting (first Thursday of every month) or mail this application along with a **Self-Addressed-Stamped-Envelope** to:

MCSA
836 S. Locust St.
Palmyra, PA 17078

When mailing - You MUST include a self-addressed, STAMPED envelope in order to receive your new membership card. No exceptions

Complete this section **ONLY** if you are applying for a **Family** Membership:
(Family Membership Includes Legal Spouse & those Dependent Children (per tax return) to the age of
18, or 21 if attending an accredited school, not born prior to **2003**.)

FAMILY MEMBERSHIP:

SPOUSE: _____ DATE OF BIRTH: _____

(Must be considered a Legal Spouse or Dependent for Tax Purposes; Children up to the age of 18, or age 21 if
enrolled in an accredited school, not born prior to the year **2003**)

NAME: _____ D.O.B.: _____ SCHOOL: _____

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