

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。

2025 MEMBERSHIP APPLICATION (VALID 1/1/25 THROUGH 12/31/25)

PENNSYLVANIA RESIDENT	\$200.00
PENNSYLVANIA NON-RESIDENT	\$225.00

SENIOR MEMBERSHIP

(MUST be 65 in the year 2025 to qualify)

PENNSYLVANIA RESIDENT	\$100.00
PENNSYLVANIA NON-RESIDENT	\$113.00

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.

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 ____
(SENIOR is 65 or older - in 2025, NOT enrolled in Life program)

DATE OF APPLICATION: _____

NAME: (Please PRINT Clearly) _____
(First) (Middle Initial) (Last)

MAILING ADDRESS: (Please PRINT clearly)

STREET: _____

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 regard 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)

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 2004)

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

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

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

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
PO Box 69
Lewistown, PA 17044

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