

## APPLICATION FOR MEMBERSHIP

Please bring completed application to orientation. Check website calendar for orientation time and dates.

<https://linwoodbaysportsmans.com>



Linwood Bay Sportsman Club  
1643 E. Linwood Rd  
Linwood, MI 48634-0223  
Dan Beebe: [Vp.lbsc@gmail.com](mailto:Vp.lbsc@gmail.com)

My signature, as identified at the bottom of this application, certifies that I am a citizen of the United States, that I am not a member of an organization which has any part of its program to overthrow the government of the United States by force or violence, that I have never been convicted of a crime of violence and that if admitted, I will fulfill the obligation of good sportsmanship, good citizenship.

\_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
Spouse's Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
Street Address City Zip Code

List children's names and birth dates that will be participating at the club:

\_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth

You will be required to attend an orientation at the facility and learn club policies and procedures. All new applicants will receive a copy of the clubs By-laws and a membership card with the combination for the clubhouse and the Kinney Road Facility. Fees will be associated based on membership desired.

Are you instructor certified for any of the following (Please check all that apply)

Hunter Safety  Home Firearm Safety  Personal Protection  Pistol  Rifle  Shotgun  Range Safety  First Steps

In case of Emergency, whom should we notify?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Having made application with the Linwood Bay Sportsman's Club for membership and desiring to be informed as to my previous record and character, I hereby authorize the club or its representative to investigate my past record, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

Release:  Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Membership:  \$100 General  \$70 Senior (over age 65)  \$15 Associate  \$15 Initiation Fee

**CLUB USE ONLY:** Type of Membership \_\_\_\_\_ Amount Received \_\_\_\_\_ Received By: \_\_\_\_\_