

Pocono Slate Belt Shooting Association

Membership Application for the month of _____

First Name _____

Last Name _____

Street _____

City _____

State _____ Zip _____

Telephone _____

Birthdate _____

E-Mail _____

Occupation _____

Dirvers Licence _____

Would you object to a background check Yes No

Recommended by _____

Note to applicant: We request your presence at the next monthly meeting in which your application will be presented to the membership and considered for approval.

The next meeting is _____.

For Office to Complete:

Date Paid _____ Amount _____

Received by _____

Status: New Renewal

Approved: Yes NO

Membership Number _____