

## Pocono Slate Belt Shooting Association

---

Membership Application for the month of \_\_\_\_\_

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_

**Birth date** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship & Phone #** \_\_\_\_\_

**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 \_\_\_\_\_