

Southwest Florida Sportsman's Association Membership Application

Name: _____ Occupation: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____ + _____

Spouse's Name: _____ Occupation: _____

Home Phone #: _____ Cell Phone #: _____

NRA #: _____ NRA expiration date: _____

Email Address: _____

License Plate and State: _____

Introduced to the SWFSA by: _____

Please attach a copy of your current NRA membership card.

I certify that I am a citizen of good repute of the United States of America and that I am not a member of any organization or group having its purpose or one of its purposes the overthrow by force and violence of the government of the United States or any of its political subdivisions; that I have never been convicted of a felony or crime of violence; and that if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

I state that I am a NRA member and will remain so, and will renew my NRA membership through the Association, as long as I am a member of the Southwest Florida Sportsman's Association. Being a member, I will hold harmless SWFSA and its Officers from all liability for personal injuries or property damage incurred by my family, my guests and me during all events and on SWFSA premises/property. I will also be responsible for all damages caused by me, my family and guests to SWFSA premises and property.

Signature: _____

Spouse's Signature: _____

Date: _____

Dues

Please do not enclose any funds. If your application is accepted you will be notified when to send your check.

Individual: \$100 ____ Family: \$130 ____

Note: There is a 6 month probationary period following your orientation before final acceptance into SWFSA.

Dues are due in full by January 1 ____ (initial)

| | |
|--|--|
| Advance Dues: | Number of years: _____ at \$100/yr or \$130/yr |
| 5 years, get 1 year FREE. | \$500.00 (value option) |
| LIFE MEMBERSHIP: | \$1000.00 (extra value option) |
| (membership plan dues selected plus any advance dues) | \$ _____ |
| Initiation Fee: | \$ 50.00 |
| Total | \$ _____ |

Mail To: SWFSA
P. O. Box 100691
Cape Coral, FL 33910

Official Use Only

Orientation Date: _____ Committee Approval Date: _____

Executive Officer: _____ President: _____

Rev. 01072010