

SANFORD-SPRINGVALE FISH & GAME PROTECTIVE ASSOCIATION, INC.

I hereby apply for membership to the Sanford-Springvale Fish & Game Protective Association, Inc., I agree to subscribe to the Constitution and By-laws of the Association, and know, by signing this, that I could be subject to a background check.

NAME: _____

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ EMAIL: _____

DATE OF BIRTH: ___ / ___ / ___ NRA#/EXP. DATE: _____ DUES PAID: \$ _____

By law, can you own or use a firearm in this state or any other state? YES _____ NO _____

SIGNED: _____ DATE: _____

MEMBERSHIP RATES:

Individual: \$100.00/year

Spouse: \$50.00/year

After April pay \$50.00 for individual/\$25.00 spouse (**NEW MEMBERS ONLY**) – you will have to renew in October at regular rate. Non-NRA: \$110.00 individual/\$60.00 spouse (**INCLUDES A \$10.00 NRA MEMBERSHIP**)

Mail application and check or money order to:

SSF&GPA

P.O. BOX 788

SANFORD, ME 04073