

REGISTRATION FORM

FEDERATION OF SPORTSMEN'S CLUBS OF SULLIVAN COUNTY, INC.

Member of New York State Conservation Council

Date: _____

Name of Club: _____

Address for Club Mail: _____

Club Location: (give township & general informaton) _____

OFFICERS: President: _____ Phone # _____
Vice President: _____ Phone # _____
Secretary: _____ Phone # _____
Treasurer: _____ Phone # _____

Delegate (Representative at Federation Meetings) _____

Alternate Delegate (Representative at Federation Meetings) _____

Date of Annual Elections: _____

Is Club Incorporated _____ Date Organized _____ Number of Members _____

Own Land _____ Lease Land _____ Post Land _____ Is Membrship Open _____

Is Membership Limited _____ Number of Meetings Per Year _____

Has Club an active Conservation Program _____ Does Club assist in restocking of fish and game _____ . Is your Club willing to assist the Federation on Committees _____ .

Please include e-mail address if you wish the monthly minutes e-mailed instead of hard copy.

Phone Number - Delegate or Officer to get in touch with _____

DUES ARE \$55. PER YEAR, CHECK PAYABLE TO FEDERATION OF SPORTSMEN'S CLUBS OF SULL. CO., INC.

Please return application and check to:

Linda M. Loughrey
61 Egler Road Spur
Jeffersonville, NY 12748
845-798-7992

www.SportsmensFederation.com