REGISTRATION FORM

FEDERATION OF SPORTSMEN'S CLUBS OF SULLIVAN COUNTY, INC. Member of New York State Conservation Cuncil

Date: Name of Club: Address for club Mail: Club Location: (give township & general information) OFFICERS: President: Phone #____ V President:_____ Phone #____ Secretary: Phone # Treasurer: Phone # Delegate (Represenative 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 instead of hard copy. Phone Number - Delegate or Officer to get in touch wit ith_____ DUES ARE \$55. PER YEAR, CHECK PAYABLE TO FEDERATION OF SPORTSMEN'S CLUBS OF SULL. CO., INC. Please return application and check to:

Kay Danchak 122 Jaketown Road Swan Lake, NY 12783

1-845-482-4987