
CAYUGA COUNTY SPORTSMEN'S ASSOCIATION

Membership Application (Membership is for the calendar year)

FAMILY MEMBERSHIP: (includes spouse and children under 18 yrs. old)

\$55.00

I would like to add an additional donation of \$ _____ in Memory of _____

New Membership

Renewal Membership

NAME:

Street Address:

City:

State:

Zip:

Phone: () -

e-mail:

Signature:

Date:

MAIL TO: PO Box 943 - Auburn, NY 13021 (315) 252-2031

www.cayugacountysportsmens.com