



# Application Form



## Ogemaw Hills Sportsmen Association

PO Box 471  
West Branch, Michigan 48661

This Application is for a New \_\_\_\_\_ or a Renewal \_\_\_\_\_ for the calendar year \_\_\_\_\_.  
Application is for calendar year Jan 1 – Dec 31 and will not be prorated.

**Print Name** First \_\_\_\_\_ Last \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** (\_\_\_\_) \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby submit my application for membership with the Ogemaw Hills Sportsmen Association (OHSA) and/or use of one of its facilities.

All applications must be presented to and approved by the OHSA Board of Directors. OHSA membership dues and/or facility fees must be submitted in full along with completed application prior to the Board acting.

I also understand that submission of this application constitutes my agreement to accept, abide by and be bound to the Bylaws, rules, procedures, policies, safety, and operating guidelines implemented by the Ogemaw Hills Sportsmen Association Board of Directors.

'Individual' dues/fees below are for a single adult => 18 years. 'Family' dues/fees below include spouse (Associate Member) and children under 18 years (Junior Member). Children => 18 years must obtain their own membership. If you choose 'Family' for OHSA membership or any of its facilities, you must fill out the family information on page 2.

### Ogemaw Hills Sportsmen Association (OHSA) Membership (Optional)

Members (adults only) are entitled to vote for and serve as Directors, have a voice in the affairs of the organization and may have additional benefits associated with specific facilities. **Also, check the 'Park Pass' section below if you want a Park Pass Card.**

Check one: Individual \$50 \_\_\_\_\_ Family \$75 \_\_\_\_\_ None \$0 \_\_\_\_\_ Enter Amount \_\_\_\_\_

### Rifle Creek Archery Park (RCAP) – Park Pass (Optional)

The Park Pass entitles you to access the indoor archery and Target buildings. The daily user fee is \$5 for all users => 18 years (\$5 covers the entire family). User fees can be prepaid annually for an additional \$50 per year which entitles the user to unlimited use of the indoor/outdoor ranges. Special events may require additional event fees as determined by the event coordinator. By signing this application form the applicant agrees to complete the RCAP facility/safety orientation in person prior to being issued a Park Pass. You can bring guests but must be present in the building with them. Each guest is responsible for the daily use fee of \$5 for each day used. NOTE: OHSA membership is not required to obtain a Park Pass.

Check one:

Non-OHSA Member: Individual \$25 \_\_\_\_\_ Family \$35 \_\_\_\_\_  
OHSA Member: Individual \$0 \_\_\_\_\_ Family \$0 \_\_\_\_\_ None \$0 \_\_\_\_\_ Enter Amount \_\_\_\_\_

Check one:

Annual User Fee: Individual \$50 \_\_\_\_\_ Family \$50 \_\_\_\_\_ None \$0 \_\_\_\_\_ Enter Amount \_\_\_\_\_  
Total Enclosed \_\_\_\_\_

## Family Information:

Associate Applicant (Spouse of applicant):

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Junior Applicant(s) (children of applicant younger than 18 living within the household):

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

***Please make checks payable to Ogemaw Hills Sportsmen Association or OHSA  
Completed application and payment can be mailed to:  
Ogemaw Hills Sportsmen Association  
PO Box 471  
West Branch, Michigan 48661***

***Look us up at:***

[www.ogemawhillssportsmen.com](http://www.ogemawhillssportsmen.com)

Facebook: Ogemaw Hills Sportsmen Association

***Contact us by***

Phone at: 989-312-5570 (please leave a message)

Email – [Ogemaw.Hills.SA@gmail.com](mailto:Ogemaw.Hills.SA@gmail.com)

***All By-Laws, Standard Operating Procedures and Safety Regulations are available upon request or on our Website.***

***For Office Use ONLY***

Application received by: \_\_\_\_\_

Payment received by: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Date approved by Board: \_\_\_\_\_

Orientation Provided By: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

Active OHSA Membership: Yes / No

Active Park Pass Holder: Yes / No

Applicant signed RCAP Waiver Received: Yes / No

Associate Applicant Signed RCAP Waiver Received: Yes / No

Signed RCAP Waiver for listed Minor(s) Received: Yes / No