

Rowan County Wildlife Association, Incorporated

P.O. Box 612 Salisbury NC 28145

APPLICATION FOR MEMBERSHIP

Full Name(Print) _____ Name you preferred to be called _____

Address _____ Date of Birth _____

City _____ County _____ State _____ Zip _____

How long have you lived at this address? _____

Business Phone _____ Home Phone _____

E-Mail _____

Occupation/Profession & Employer _____

Have you ever been arrested or charged with a criminal offense? Yes No

If yes, give date and details _____

Have you ever applied for and been rejected for membership in any civic, fraternal or social organization?

Yes No If yes, give name of organization and date of application _____

Incomplete applications will be returned. The governing board of directors reserves the right to request more information from an applicant prior to approving or rejecting an application for membership.

I hereby agree to abide by the rules and regulations governing this organization and that my approval for membership is dependent upon completion of the new member orientation class. I understand that before I can be considered for membership my application is to be accompanied by:

1. An entrance fee of \$600.00 (\$475 Initiation fee and \$125 first year dues) then an annual dues payable on April 30th of each year.
2. The signed recommendation of two members in good standing.
3. By supplying a copy of my concealed carry permit, or a current (issued within 60 days of application) Clerk of Court issued background check from my county of residence, or a current (issued within 60 days of application) handgun permit issued by the Sheriff

I further understand that my application is subject to approval of the governing board of directors and that their decision is final. If rejected, my fees will be returned. **If accepted for membership I understand that I will be contacted concerning a date and time for the new member orientation.**

Signature of Applicant _____ Date _____

Club Member Recommendation

1. _____
(Print Member Name) (Member Signature)

2. _____
(Print Member Name) (Member Signature)

_____ Approved by the Board of Directors at the _____ meeting.

Signed _____, Secretary