

# GOFF SWAMP HUNTING AND FISHING CLUB APPLICATION FOR MEMBERSHIP

New

Renewal

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHAT TYPE OF HUNTING IS DESIRED:

WHAT WAS THE LAST HUNTING OR FISHING CLUB YOU WERE AFFILIATED WITH?

A. CLUB: \_\_\_\_\_

B. LENGTH OF MEMBERSHIP: \_\_\_\_\_

LIST NAMES OF TWO REFERENCES:

1. NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROVIDE MOST RECENT SC HUNTING LICENSE CUSTOMER ID NUMBER: \_\_\_\_\_

**PLEASE PRINT CLEARLY**