

MEMBERSHIP SPONSOR FORM

Watervliet Fish and Game Protective Association, Inc.

Membership Processing

P.O. Box 12605

Albany, New York 12212

(the section below is to be filled out and sent by **sponsor** via mail only and postmarked by no later than 3/22/2019)

PLEASE DO NOT SEND ANY FORM OF PAYMENT

Applicant's Name - (Form to be filled out by Sponsor) - Please Print Legibly		
Last	First	MI
Street		
City	State	Zip
Home Phone	Business Phone	Cell Phone
E-mail Address * This will be very important from now on		Occupation
Date of Birth		Gender
NRA Membership# _____ (if applicable)		What other organizations does this individual belong to?
NRA Instructor <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> NYSRPA <input type="checkbox"/> SCOPE Other _____
Interests – Check all that apply		
Archery <input type="checkbox"/>	Benchrest Rifle <input type="checkbox"/>	Bullseye Pistol <input type="checkbox"/> Other _____
Trap <input type="checkbox"/>	High Power Rifle <input type="checkbox"/>	Muzzleloader <input type="checkbox"/>
Skeet <input type="checkbox"/>	Sporterifle <input type="checkbox"/>	Action Pistol/IPSC/SCSA/ICORE <input type="checkbox"/>
How long have you known this individual and in what capacity?		
Does this individual have prior safe gun handling experience?		
Why do you feel this individual should become a member of WFGPA?		
OFFICIAL CLUB USE ONLY		BOARD OF DIRECTOR NOTES
Date Received:		
Sponsor's Date of Entry:		

SPONSOR (WFGPA ID # _____)

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

APPLICANT

PRINT NAME: _____

SIGNATURE: _____

DATE: _____