## BOOTHBAY REGION FISH & GAME ASSOCIATION, INC

P. O. Box 408, Dover Road, Boothbay, ME 04537-0408 www.brfga.com

Application for new membership must be presented in person at a regular monthly meeting. Renewals may be sent to the club with check, dropped off at monthly meetings or at Oak Street Provisions, 43 Oak Street Boothbay Hbr.

Meetings are at 7:30 PM on 3<sup>rd</sup> Weds of every month at the clubhouse. Part I. Date: \_\_\_\_\_ I hereby apply for New Membership / Membership Renewal in the Boothbay Region Fish and Game Association, Inc. for myself (and for my dependents) as indicated below. I (we) agree to abide by the Constitution, By-Laws, rules and regulations of this association, and further agree to follow the rules of good sportsmanship, and support the Association in whatever wavs possible. (Renewals need only complete parts I and IV) Tel.#: \_\_\_\_\_ Mailing Address: Home Address: \_\_\_\_\_ NRA Member, \_\_\_Yes, \_\_\_\_No. E-mail Address: (Please Print) Membership Request: \_\_\_ Regular \$50.00 \_\_\_ Family \$65.00 \_\_\_ Junior \$5.00 New member applications require a \$25 application fee with 1st year dues. Total Enclosed, \$ <u>Part II.</u> Please check any of the following activities that interest you. \_\_\_ Fly Fishing \_\_\_ Salt Water Fishing \_\_\_ Upland Game Hunting \_\_\_ Boating \_\_\_ Fresh Water Fishing \_\_\_ Big Bore Rifle & Target \_\_\_ Pistol \_\_\_ Snowmobiling \_\_\_ Small Bore Rifle & Target

Reloading

Big Game Hunting

Archery

Camping	Water Fowling	Small Game Hunting
Other	Skeet / Trap	Muzzle Loading
I am interested in servi	ng on a committee,Range, _	_Archery,Fishing,Others
Part III.		
	special qualifications (NRA lawed) ave had which may be of be	Instructor, NSSA referee, etc.) nefit to the organization
Remarks, or additional information of note:		
Part IV. LIABILITY RI	ELEASE	
	of the Boothbay Region Fis elease from liability and agre	h and Game Association, Inc., I ee to hold harmless the
The Boothbay and representatives, and property arising any and all Associat	For any and all damages of out of or resulting from my ion activities or exercises of	sociation, Inc., its elected officers any kind or nature to my person direct or indirect participation in membership or privileges. Sove and have kept a copy for my
DATE:	SIGNATURE:	
SIGNATURE OF WIT	NESS:	
DATE:		
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For Association Use DUES PAID:	Only	MEMBERSHIP CARDS
ISSUED: BUTTON: KEY:		GATE