

CLARK COUNTY CASTING & CONSERVATION CLUB  
6400 Conservation Drive  
Jeffersonville, IN 47130  
812-283-9947

Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Of Birth (Must Be 21 Yrs. Old) \_\_\_\_\_

Referred By \_\_\_\_\_

Employment \_\_\_\_\_

Person to Notify in the event of an Emergency:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you have any skills or experience, which might help our club as a Volunteer?

\_\_\_\_\_  
\_\_\_\_\_

If accepted, I agree to abide the By-laws and rules of the Club.

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_

**All new members must attend the monthly meeting & introduce themselves before they will be voted in. Monthly meetings are the 1<sup>st</sup> Monday of every month starting at 7pm.**