Kenton Game and Fish Association Membership Application



Member _____

10501 Locust Pike, Ryland Heights, KY 41015 * (859) 356-3798

PRINT OR TYPE ALL INFORMATION

Contacted ___

Name	Date of Birth
Address	Home phone #
City, State Zip	Cell phone #
Occupation Where Employed	
E-Mail Address NR	RA Member? If yes, NRA #
I desire to become an Associate Member of the Kenton Game and Fish Associate by-laws, rules and regulations, and the sportsman pledge, which is: To observe the game and fish laws of the state, and encourage other prevail, and to work for strict enforcement of these laws.	
 I further agree to promote the purpose of the association which includes, but The conservation of our natural resources – soil, water, and wildlife. Assist conservation officers in enforcing fish and game laws and disc Assist and instruct our youth in the proper handling of firearms, sate wildlife conservation. Promote better farmer-hunter and owner-fisherman relations. 	courage violators of said laws.
PRIVILEGES AND RESPONSIBILITIES OF AN ASSOCIATE MEME	BER:
 Attend at least four association meetings per year and assist on contact Associate Member is required to work 10 hours per calendar year Associate Member. The work must be documented and recorded by do so will result in immediate expulsion. After three years, the regular Associate to the club. Use of club grounds and equipment for picnicking, fishing, and shoot Participate in activities, including teams representing the association Vote on issues except the expenditures of funds and club policy. Associate members may not hold elected office. Be responsible for the conduct of any invited guests, including spous Membership is valid from January 1 to December 31 of the year issue. 	ommittees and work parties when possible. An ar for each of the three (3) years he/she is an y a committee chairperson/club officer. Failure to lar club members will vote on whether to admit the oting on ranges provided for that purpose.
Meetings are for MEMBERS only. Spouses, children, and other fan By signing below, I acknowledge that I have read and understand the acknowledge that I am prepared to carry out these duties and respon a privilege.	duties and responsibilities required. I
Signed:	Date:
Sponsor Signature/Print:/	Date:
Membership Secretary:	Date received:

Submit to Membership Chair via the drop box at the club or mail to the club address above.

Office Use Only

Orientation ______ Initiation _____