



Presque Isle Fish and Game Club

P.O. Box 375
Presque Isle, ME 04769
www.pifg.org

MEMBERSHIP APPLICATION

Name and Address Required. All other informational is optional.

APPLICATION TYPE; Please check all that apply

PRIMARY (SINGLE) I, (PRIMARY) _____ DATE: _____

DUAL (SPOUSE) AND I, (SPOUSE) _____ DATE: _____

JUNIOR (Aged 10—17) _____

HOME MAILING ADDRESS: _____ TELEPHONE: _____

Citizen(s) of the United States, hereby submit this application for membership in the Presque Isle Fish and Game Club, Inc.; and if accepted as member(s) will adhere to the Constitution of the club' namely:

- a) To conserve, maintain, protect, and restore (1) all soil, waters, and wildlife either animal or vegetable; (2) the natural resources of the United States of America, including particularly, but not exclusively forests, woods, trees and other vegetation, marshes, grasslands, and prairies, and
- b) To promote means and opportunities for the education of the public with respect to such resources and the enjoyment and wholesome utilization thereof; And further agree to pay dues promptly at the appropriate rate as follows:
 - 1) Upon acceptance at a pro-rated charge (until the next annual meeting on the last Tuesday in March) and
 - 2) Thereby according to the appropriate fee structure:
 - Primary Membership: \$40.00/per year (April 1st to March 31st)
 - Dual Membership: \$50.00/per year
 - Junior Membership: \$15.00/per year
 - Life Membership: 10 times the annual rate except Juniors whom are not eligible.

... that I/we will attend and support the best of my/our ability such meetings and special functions of the Club as may be held during the year;
 ... that except during public functions I/we will not admit any non-member to the Club or grounds unless I/we accompany him/her during the visit;
 ... that by signing this application I/we show willingness to help the Club achieve its aims, to the best of my/our ability. I/we do understand that any member who willfully violates ethics or any of the rules of this club may be asked to surrender membership.

PRIMARY APPLICANT

BIRTH DATE: _____

CELL PHONE: _____

EMAIL: _____

SPOUSE APPLICANT

BIRTH DATE: _____

CELL PHONE: _____

EMAIL: _____

SPONSOR: _____

AMOUNT ENCLOSED: _____

DIRECTOR'S SIGNATURES:

1) _____

2) _____

3) _____

4) _____

5) _____

ACCEPTANCE DATE: _____