



Lisbon Fish & Game Association, Inc.

P.O. Box 82, Lisbon, ME 04250

Office Use Only

Rec _____

Chk# _____

Cash _____

New Membership Application

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ E-Mail: _____

Married: () Single: () Note: Family consists of family member, husband/wife or significant other, and children under 18 years of age who are permanently domiciled in that household.

Skills and/or Profession: _____

Why do you want to Join the Lisbon Fish & Game: _____

Firearms related Certifications or Training: _____

Please list any organizations that you are a member of: _____

Family Membership

() \$75.00 New membership () \$80.00 Self & Spouse/Significant Other Donation \$_____ **optional**

If "Family Membership", please list family member names and date of birth: _____

Payment Method

Cash _____ Check _____

I hereby certify that I have read, understand, and will comply with the by-laws, policies and safety rules of the Lisbon Fish & Game Association and further certify that I have never been convicted of a felony, firearms violation, or violation of any Department of Inland Fisheries and Wildlife laws. I understand that any false statement made by me on this application is grounds for immediate expulsion without recourse.

Further, if applying as a new member, my signature below indicates that I authorize a background check, and that I acknowledge I must complete a range orientation before I receive my membership card.

Applicant Signature: _____ Date: ____/____/____

Dues paid and accepted as a member on (date) ____/____/____ Card issued: (date) ____/____/____

Secretary's signature: _____