



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

() \$80.00 New membership Donation \$ _____ **optional**

Please provide the name and date of birth for any spouse or significant other to be issued their own individual membership card:

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: _____