



Uxbridge Rod & Gun Club, Inc. Membership Application

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Occupation: _____

Email: _____

Date of Application: _____

Date Received by Membership Secretary: _____

**Applicant will provide a copy of an F.I.D., L.T.C., CORI or the equivalent check.
Returnable to the applicant after review of their application for membership to the club.**

Check interested activities:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Black Powder |
| <input type="checkbox"/> Trap Shooting | <input type="checkbox"/> Reloading |
| <input type="checkbox"/> Pistol | <input type="checkbox"/> Fly Tying |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Other _____ |