

**BLUE RIDGE SPORTSMAN CLUB  
PO BOX 6282  
HARRISBURG PA 17112**

**Membership Application  
Dues are \$48.00 per year**

New member applicants **must** be a U.S. Citizen.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ NRA# (if member) \_\_\_\_\_

Birth Date \_\_\_\_\_

Sponsor Name \_\_\_\_\_

New member applicants **must** be sponsored by a current BRSC member.

Applying for:  Single Membership  Family Membership

Children 16 or older **must** have their own Single Membership.

**Family Membership Information**

Spouse Name \_\_\_\_\_

	Name(s) of Children Under 16 Years Old	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

BRSC:  Approved  Disapproved Date \_\_\_\_\_

Membership Card Rec'd \_\_\_\_\_ Key Card Rec'd \_\_\_\_\_