

# Logan's Ferry Sportsmen's Club

[www.logansferrysportsmens.com](http://www.logansferrysportsmens.com)

Mailing Address  
P.O. Box 14047  
Pittsburgh PA 15239

Physical Address: **Mail not received at this address**  
210 Field Club Rd  
New Kensington, PA 15068

## 2022 MEMBERSHIP APPLICATION

Please print clearly, all questions must be answered, or the application will be returned.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsor (Please Print): \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_

***Membership Fees and Dues are paid when the application is submitted. The applicant must first attend an orientation session. To complete the joining process, the applicant must attend a business meeting to be voted into membership. In the case of a significant other in a family membership, proof of residence with the primary member must be provided. Applications without proof of residence will be returned***

### Membership Types and Price Schedule Please Circle:

Single	One person, 18 years or older when applying	\$86
Family	Covers primary member, significant other, and children under 18 as of 12/31/2021 and live in that household	\$110

There is a One-Time Initiation/Orientation Fee of \$55 and a Key Card Fee of \$30 for a total of \$85

Total Single membership \$171, Total Family membership \$195 Total Due on submission: \_\_\_\_\_

With a Family Membership, the primary member is considered the Head of the Household; please list other Family Members who plan to use the club facilities. List additional children on the back.

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Occupation: \_\_\_\_\_

Applicant Shooting Experience: \_\_\_\_\_

Do you have a valid photo ID such as Driver's License, Carry Permit, Passport, etc.? YES / NO

Are you a member of the NRA? YES / NO

**By signing this form, you certify that everyone listed on this application 18 and over is permitted to possess a firearm and that all information is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**LFSC Club Oath:**

I promise to abide by and obey all the bylaws as they are now constituted or as they may, from time to time, be changed. I promise that I will obey all rules pertaining to all club property. I promise to help in any way I can when called upon to render aid in maintaining the club's grounds and buildings and help in club activities. I promise to maintain the dignity of this organization and to further its objectives. Finally, I will aid and assist in bringing to justice any member violating this oath.

To this I promise: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**300 Yard Range Certification**

- No guests are permitted to use the 300 Yard Range.
- I promise to abide by all posted and written 300 Yard Range rules.

**Indoor Range Certification**

- No guests are permitted to use the Indoor Range.
- I promise to abide by all posted and written Indoor Range rules.

**I have read and will comply with the 300 Yard Range Rules and the Indoor Range Rules.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Club Rules/BylawsPolicies are available on the club website: [www.logansferrysportsmens.com/range-rules--policies](http://www.logansferrysportsmens.com/range-rules--policies)**

**It is the applicant's responsibility to read the above documents before being voted into the club.**

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR INTERNAL USE ONLY:**

Application Accepted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Fees and Dues paid: CHECK # \_\_\_\_\_ M.O: \_\_\_\_\_ Amount: \_\_\_\_\_

Date attended an orientation session: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date voted in as member: \_\_\_\_/\_\_\_\_/\_\_\_\_

Key/Membership Card Number: \_\_\_\_\_