

Logan's Ferry Sportsmen's Club

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

2024 MEMBERSHIP APPLICATION (Do not mail)

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

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

Sponsor (Please Print): _____ Sponsor Signature: _____

Individuals seeking membership must first attend a Safety & Orientation meeting, have a current LFSC member sponsor their membership, and attend a subsequent 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. Such as a Photo ID. Applications without proof of residence will be returned. Membership Fees and Dues are paid at the Safety and Orientation meeting.

Please Check the Membership Type Requested

- | | | Price |
|--------------------------|---|--------------|
| <input type="checkbox"/> | Single One person , 18 years or older when applying | \$95 |
| <input type="checkbox"/> | Family Covers primary member, significant other, and children under 18
as of 12/31/2023 and live in that household | \$130 |

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 \$180. Total Family membership \$215. Total Due: _____

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, if any, 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/Bylaws Policies are available on the club website: 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: ____/____/____

Gate Key/Membership Card Number: _____