

CACOOSING GUN CLUB, INC.
PO Box 293
Birdsboro, PA 19508

2026 MEMBERSHIP APPLICATION/RENEWAL

Check all that apply: <input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> FAMILY MEMBERSHIP	Areas of interest (check all that apply): <input type="checkbox"/> RIFLE <input type="checkbox"/> PISTOL <input type="checkbox"/> SHOTGUN / CLAYS
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Please fill in all lines (print clearly):

NAME (first and last) _____

STREET _____ CITY _____ ST ____ ZIP _____

MOBILE PHONE # _____ - _____ - _____ HOME PHONE # _____ - _____ - _____

EMAIL ADDRESS* (for club communications) _____

SPOUSE/PARTNER NAME (For Family membership only) : _____

CHILDREN NAMES (For Family membership only): _____

What activities are you willing to volunteer to help with? Check all that apply: <input type="checkbox"/> COUNTER/DESK WORKER <input type="checkbox"/> GRASS CUTTING/TRIMMING, ETC. <input type="checkbox"/> GROUNDS CLEAN-UP/LANDSCAPING	<input type="checkbox"/> SPORTING CLAYS COURSE SETTING <input type="checkbox"/> FILLING TRAPS <input type="checkbox"/> CREATE/RUN SHOOTING LEAGUE(S) <input type="checkbox"/> CLUBHOUSE RENOVATIONS
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----- MEMBERSHIP/DONATIONS -----

INDIVIDUAL MEMBERSHIP (Person 18 years old and older)..... \$75.00 \$ _____

-or-

FAMILY MEMBERSHIP (Member, Partner, Children under 18 years old).....\$125.00 \$ _____

NEW MEMBER PROCESSING FEE (pay one time only when joining).....\$20.00 \$ _____

DONATION TO CLUB IMPROVEMENT FUND ___\$25 ___\$50 ___\$75 ___\$100 ___ Other \$ _____

(Help us maintain and improve our club, every cent helps, no donation is too small)

TOTAL AMOUNT DUE \$ _____

----- PAYMENT INFO -----

Paying by: ___ Cash ___ Check ___ CC

Please enclose a check (or fill out the credit card section below). Return completed form and payment by mail, or bring form and payment to our counter during club business hours. Once your application has been processed, your membership card will be mailed to you.

Mail to: Cacoosing Gun Club, Inc. PO Box 293 Birdsboro, PA 19508 Attn: Membership Chair

Payment by Credit Card (Visa, MC, Discover and Amex)

Name on card _____

Billing Address: Street _____ City _____ St ____ Zip _____

Card # _____ Exp date _____ CVV # _____

Signature _____

***By joining, you are granting us permission to send you emails with important communications.**

MEMBERSHIP PRIVILEGES - The combination to unlock the gate is printed on the rear of your membership card. Members get discounted pricing on all Clay Shooting, use of the Rifle and Pistol Ranges and use of the grounds for dog training/exercise/etc. Also, Hunting privileges or other privileges can be granted by the board of directors to a member on a case-by-case basis in exchange for volunteer hours.

CLUB HOURS AND POLICIES ARE ON OUR WEBSITE AT: www.cacoosinggunclub.com