

TOBYHANNA CONSERVATION ASSOCIATION

MEMBERSHIP APPLICATION

I request consideration for membership in the TOBYHANNA CONSERVATION ASSOCIATION. I understand that I must participate in the clubs scheduled activities each year and comply with the clubs rules and by-laws.

MEMBERSHIP TYPE AND CALENDAR-YEAR DUES

_____ **REGULAR MEMBER \$45 PER YEAR.**

_____ **JUNIOR MEMBER \$5 PER YEAR. (UNDER AGE 16 WITH ADULT SPONSOR)**

Dues schedule effective January 1, 2015

Endorsement by a current member of the Tobyhanna Conservation Association who can attest to your sportsmanship:

Endorsing member's signature:

List any hunting, fishing or conservation-oriented organization(s) you belong to:

APPLICANT (Please print)

NAME: _____

ADDRESS: _____

TELEPHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

Referred by (if other than a TCA member endorsement): _____

How did you learn about the TCA? brochure() ; meeting() ; TCA event ()

Other organization() ; Other (-) please specify _____

An initiation fee of \$10.00 must accompany this application. It will be refunded if membership is denied. **Dues must be paid within 30 days of member approval notification.**

**Mail to: Tobyhanna Conservation Association
P.O. Box 808
Tobyhanna PA 18466**

Action: Approved _____ Disapproved _____ Date _____

File only: Member card sent _ ; letter _ ; by-laws _ ; map _ ; patch _ ; membership list _