

APPLICATION FOR MEMBERSHIP  
ALIQUIPPA BUCKTAIL LEAGUE INC.  
P.O. Box 1431 - Aliquippa, PA 15001  
724-378-3455

Amount received:

\$ \_\_\_\_\_

Check Number: (if applicable)

# \_\_\_\_\_

For Membership Fee in the

Aliquippa Bucktail

League

Date Paid:

\_\_\_\_\_

Payment Collected By:

\_\_\_\_\_

First: \_\_\_\_\_ Initial: \_\_\_\_\_ Last: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

I give my pledge as an American to save and faithfully defend from waste the natural resources of my country...It's air, soil and minerals, it's forests, waters and wildlife.

Junior Member (12-17) \_\_\_ Regular Member (18-61) \_\_\_ Senior Member (62 up) \_\_\_

By signing below, I agree I have read and understand the range rules and club by-laws.

Signature: \_\_\_\_\_ Recommended By: \_\_\_\_\_