

<p>Amount received \$ _____</p>	<p>APPLICATION FOR MEMBERSHIP ALQUIPPA BUCKTAIL LEAGUE, INC. P.O. Box 1431 – Aliquippa, PA 15001 724-378-3455</p>
<p>Check Number # _____</p>	<p>First: _____ Initial: _____ Last: _____ Address: _____</p>
<p>For Membership Fee in the Aliquippa Bucktail League</p>	<p>City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ I give my pledge as an American to save and faithfully defend from waste, the natural resources of my country, its air, soil and minerals, its forests, waters and wildlife.</p>
<p>Date Paid: _____</p>	<p>Junior Member (10-17) _____ Adult Member _____ By signing below, I agree I have read and understand the range rules and club by-laws.</p>
<p>Payment collected By: _____</p>	<p>Signature: _____ Date: _____ Recommended By: _____</p>