

ELLSWORTH SPORTSMEN'S CLUB, INC

MAILING ADDRESS: PO BOX 300, ELLSWORTH, PA 15331
20 TEN MILE LANE, SCENERY HILL, PA 15360
724-945-5275 ellsworthsportsmensclub@gmail.com

2026 APPLICATION FOR NEW MARRIED MEMBERSHIP

(Please Print Clearly and Completely)

Name: _____ DOB: _____ Age _____
(LAST) (FIRST)

Email Address: _____ Phone #: _____

Name: _____ DOB: _____ Age _____
(LAST) (FIRST)

Email Address: _____ Phone #: _____

Joint Mailing Address: _____
(Street Address)

(City) (State) (Zip)

Membership Type: Married: ☐ (NEW-\$65)

Have you ever been convicted of a game or fish law violation? Yes _____ No _____ If yes, explain on the back.

Which current Club Member is sponsoring your new member application: _____

I, the undersigned, *understand that all NEW member applications are reviewed at the next scheduled members meeting, which I must be in attendance, prior to receiving my membership card.* Additionally, I proclaim that I am of good moral character and that I believe in the right to keep and bear arms. I agree to abide by the Rules & Regulation and ByLaws of the Ellsworth Sportsmen's Club, Inc. I further pledge to not hold the Ellsworth Sportsmen's Club liable for any unsafe or unforeseen accidents that could accrue on Club property. Upon submission of my application, I agree to pay the applicable dues for my membership type as indicated. Should my membership be rejected by the Club for any reason, said dues will be refunded. If any of the above information on this application is found to be inaccurate/untrue, I agree that my membership will be revoked without reimbursement of dues. Club membership runs from January 1st through December 31st of the year.

Applicant Signature: _____ Date: _____

CLUB USE ONLY:

Application Rec'd By: _____ Amount Rec'd: \$ _____ Cash/Check

Club Officer Signature of Acceptance: _____ Date: _____

☐ Membership Number Issued: _____