

MEMBERSHIP APPLICATION

Hunt Club Sporting Clays
 Ind./Family Group
 Corporate Organization

GROUP NAME _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

BUSINESS PHONE _____

BILLING NAME (If different from above) _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

METHOD OF PAYMENT:

CHECK CASH AMEX

MCARD VISA DISC.

CARD # _____

EXP. DATE _____

I HOLD SENECA HUNT CLUB, LTD. HARMLESS FROM ANY ACTION RESULTING IN MY USE OF CLUB FACILITIES.

SIGNATURE _____ DATE _____