

Date _____



 *Starview Sportsmen's Association*

APPLICATION FOR MEMBERSHIP

Name _____ Birth Date _____
(please print)

Address _____

City _____ State _____ Zip _____

Annual dues and initiation fee payable when applicant is accepted for membership

Return completed form to:

**Brad Hershey
885 Jerusalem School Rd.
Mt. Wolf, PA 17347**

Signature _____

Sponsor _____

Co-sponsor _____