

PLEASE READ!

All applications for membership in Quinton Sportsmens Club must be filled out completely and accompanied by our "Capital Assessment" or application fee and the fee for the background check. The application and background check fees are IN ADDITION to our regular dues and all fees must be paid before a membership card and Range Pass is issued. The name of a sponsor is recommended but not entirely necessary as we do a background check on all applicants for membership.

By submitting your application you agree to attend an Orientation and Range Safety Session to become acquainted with our club, it's officers, range policies and abide with and follow our safety procedures. Safety is our most important topic on the ranges and in the clubhouses. We WILL NOT tolerate unsafe actions and firearms handling and will not hesitate barring you from club property for intentional unsafe actions. Please do not take this as a threat to your membership and enjoyment of our facilities. We have enjoyed 50+ years of safe and enjoyable firearms fun and will not allow one nitwit to destroy our sporting passion.

Your application will be reviewed by our Board of Directors and if approved, will be submitted to the membership for their approval. Our monthly meetings are held on the third Monday of the month and our Board meets on the preceding Thursday evening.

When your application is properly filled out, submit it with the proper fees by mail or in person to the club or club secretary or drop it off at the clubhouse for submittal to the Board.

Instructions for printing this application

This form is composed of 3 pages. When you send it to your printer, print page 2 only. Reinsert the printed page and print page 3 on the back of page 2. If your printer will not allow this just print pages 2 and 3.

Our Club mailing addresses:

Quinton Sportsmens Club
346 Jericho Rd.
Salem, N.J. 08079

Jere Cossaboom, Secretary
96 Sentry Dr.
Bridgeton, N.J. 08302

TRAP
SKEET
SPORTING CLAYS
5 STAND SPORTING



RIFLE
HANDGUN
BLACKPOWDER
METALLIC SILHOUETTE

APPLICATION FOR MEMBERSHIP

PLEASE READ THIS FORM

REQUIRED INFORMATION (Please Print)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

OCCUPATION: _____ E-MAIL ADDRESS: _____

DATE of BIRTH: _____ NAME of SPONSOR: _____

Member for at least 1 year

CHECK IF APPLICABLE: SENIOR: 62+ yrs. old () DISABLED ()

IN CASE OF EMERGENCY NOTIFY: _____ PHONE: _____

YOU MUST BE PRESENT AT THE MEETING IN WHICH YOU ARE BEING VOTED UPON AND ATTEND AN ORIENTATION AND RANGE SAFETY SESSION BEFORE A MEMBERSHIP CARD CAN BE ISSUED TO YOU. IF YOUR EMPLOYMENT SCHEDULE WILL NOT ALLOW THIS, OTHER ARRANGEMENTS CAN BE MADE. IF THESE REQUIREMENTS ARE NOT MET WITHIN 6 MONTHS, YOUR APPLICATION WILL BE VOIDED.

I, _____ hereby certify that I am legally entitled to possess and purchase firearms in my state of residence, which is _____

NEW JERSEY APPLICANTS ONLY

I certify that I have been issued a New Jersey FIREARMS PURCHASER ID CARD

NO ___ YES ___ Issue Date: _____

FEES: One Time Fees Submitted with this application

Capital Assessment Fee:	\$100.00
Background Check Fee	\$15.00

DUES: Prorated Bi-Annually

Regular Membership: (includes 7% N.J. Sales Tax)	\$86.00
Senior / Disabled Membership: (includes 7% N.J. Sales Tax)	\$43.00
Student Membership: Age 18 thru 23 with student ID	\$43.00

Please complete this application and background check form in their entirety and submit them along with the capital assessment and background check fees to the address below or return it to a club officer. **Applications are voted upon at the regular monthly meeting held on the 3rd Monday of each month.**

DO NOT WRITE BELOW THIS SPACE

DATE TO BE VOTED UPON: _____ PRESENT AT MEETING YES () NO ()

BOARD MEMBER TO WHOM INTRODUCED: _____

APPLICATION FEE RECEIVED: _____ DUES RECEIVED: _____

MEMBERSHIP ID ISSUED: _____ 2011.2

Membership Application Background Check Form

Quinton Sportsmens Club

I _____ a prospective member of the Quinton Sportsmens Club, 346 Jericho Rd, Salem, NJ 08079, hereby allow A-List Investigative Services to inquire into my personal history to obtain information. I cannot claim any invasion of privacy against them now or in the future. I agree to provide positive identification in conjunction with this application.

Applicant Information

Soc. Sec. # _____

Full Name _____

Date of Birth (MM/DD/YYYY) _____

Present Address _____

Additional Information:

How Long at this address? _____

Employer _____

How long? _____ Work Phone _____

Occupation _____

Ever been arrested? Yes ___ No ___

Ever been convicted? Yes ___ No ___

Ever been involved in domestic violence? Yes ___ No ___

Driver's License # _____

Your phone # _____

Signature _____ Date _____

MUST SIGN APPLICATION

If you submit the wrong SS# - a 2nd application fee will be charged to pull the report.

A-List Investigative Services, LLC Closed Sundays & Holidays

Phone (856) 878-1645

[346 Jericho Rd.](http://346JerichoRd.com) [Salem, N.J. 08079](http://SalemNJ.com)
quintonssportsmen@comcast.net