

# ACSC JUNIOR MEMBER APPLICATION

WWW.ACCKY.NET

502-517-6114

ACSC Membership period is from January 1<sup>st</sup> to December 31<sup>st</sup>.  
Junior Memberships Are Available at anytime with the signed Permission  
of a Parent or Guardian . And must be Accompany By a Adult at all times  
when on any Range. A Junior member must be sponsor by a Adult Club  
Member .

Please print the following information and include with payment.

**Full Name :** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Junior Membership Dues \$ 5.00** **Check #** \_\_\_\_\_ **CASH:** \_\_\_\_\_

**Club Member Sponsor #** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

## For Membership Committee Use Only

**Received By #:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_  
**Amount Received:** \_\_\_\_\_ **Cash or Check #** \_\_\_\_\_  
**Delivered: In Person By:** \_\_\_\_\_  
**Received By Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_