



Date: \_\_\_\_\_

## Adams County Sport Handgunners Association (ACSHA) Membership Application

**PLEASE PRINT**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

State / Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Registered Voter: ☐ Yes ☐ No

NRA Member: ☐ Yes ☐ No

Select Membership Type	Renewal (\$)	Initiation (\$)
Junior Membership (Age: 12-20) <input type="checkbox"/>	\$15.00	\$30.00
Adult Membership (Age: 21-64) <input type="checkbox"/>	\$50.00	\$30.00
Senior Membership (Age: 65+) <input type="checkbox"/>	\$40.00	\$30.00
Life Membership (under 65) <input type="checkbox"/>	\$450.00	\$30.00
Senior Life Membership (65+) <input type="checkbox"/>	\$200.00	\$30.00

Make checks payable to **ACSHA, Inc.**

Application **must** be signed and accompanied by dues.

Applicant **must** be a registered voter.

Applicant **must be present** at the meeting to be considered for membership status.

Meetings are held on the **1st Wednesday** of every month at **7PM**.

Tell us how you heard about the club: \_\_\_\_\_

I am interested in donating time to help out with the follow committees:

- ☐ Fundraising Committee
- ☐ Building Committee
- ☐ Range Committee
- ☐ Grounds Committee

I wish to make a monetary  
donation to the building fund of:  
\$ \_\_\_\_\_

Please list any special skills or services that you can offer to help out with the club or its members:

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I wish to make a monetary donation in lieu of volunteering my time in helping out at the club in the amount of:

- ☐ \$10
- ☐ \$25
- ☐ \$50
- ☐ \$100
- ☐ \$ \_\_\_\_\_

I would like to help in these areas:

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising / Raffles       | <input type="checkbox"/> Club Cleanup Details |
| <input type="checkbox"/> Lawn Maintenance            | <input type="checkbox"/> Firearms Instructor  |
| <input type="checkbox"/> Carpentry                   | <input type="checkbox"/> Membership Drive     |
| <input type="checkbox"/> Plumbing                    | <input type="checkbox"/> Sign Making          |
| <input type="checkbox"/> Masonry                     | <input type="checkbox"/> Community Relations  |
| <input type="checkbox"/> Painting                    | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Advertising                 |   |
| <input type="checkbox"/> Archery Events              |   |
| <input type="checkbox"/> Range Equipment Maintenance |   |
| <input type="checkbox"/> Match Scorekeeper           |   |
| <input type="checkbox"/> Computer Work               |   |
| <input type="checkbox"/> Legal Services              |   |

I would like to help out during the:

- ☐ Weekdays
- ☐ Evenings
- ☐ Weekends
- ☐ I will work on my own
- ☐ I prefer to work in groups

Applicant Signature: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Member Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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www.acsha.com