

Southern Ohio Sportsmen, Inc. and American Wildlife Association

APPLICATION FOR MEMBERSHIP

344 Deer Run Drive, Trenton, OH 45067 ★ Fax 513-428-0359 ★ Email: eric@huntprivatelandohio.com ★ Tel 513-382-0218

Name: _____ Home address _____
 City/St/Zip _____ Since ___/___/___ own ___ rent ___ buying ___ sharing ___
 Home phone # _____ Cell Phone# _____ Email: _____
 Mailing address if different from home address _____

EMPLOYER _____ Address _____
 City/St/Zip _____ Phone _____
 Type of business _____ Employed since _____ Position _____
 Dept. _____ Supervisor _____

List two hunting/character references, must be unrelated, and known for at least 5 years.

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Answer all 20 Questions Yes or No by circling Y or N below

- | | |
|---|--|
| Y N 1. Are you a member of the NRA ?
Y N 2. Are you a citizen of the U.S.A.?
Y N 3. Have you been convicted of a felony?
Y N 4. Have you ever injured anyone while hunting?
Y N 5. Do you have difficulty controlling your temper?
Y N 6. Are you now on probation for any criminal offense?
Y N 7. Do you currently lease land for your own hunting?
Y N 8. Have you ever damaged private property while hunting?
Y N 9. Have you ever sued anyone for personal injury from any cause?
Y N 10. Have you ever accepted payment for injuries from any cause?
Y N 11. Do you agree to never accept payment as a guide on SOS land?
Y N 12. Have you been fined for a serious conservation law violation? | Y N 13. Has any other hunting club refused to renew your membership?
Y N 14. Are you a member of any anti hunting animal rights group?
Y N 15. Can you read and understand this application without any help?
Y N 16. Are you a member of any group opposed to the U. S. Govt.?
Y N 17. Have you previously applied for membership in SOS any affiliate club?
Y N 18. Have you ever claimed compensation from anyone, for property damage or injury, resulting from a hunting accident?
Y N 19. Have you been treated for addiction to a controlled substance or alcohol within the past year?
Y N 20. Do you have any physical or mental disabilities which could place you or others at risk of injury, where you and others are hunting? |
|---|--|

IDENTIFICATION: Drivers license # _____ State issued: _____ Expires _____
 Height _____ Weight _____ Hair _____ Eyes _____ Birth date _____ Marital Status _____

LIST ALL VEHICLES TO BE USED WHILE USING CLUB PROPERTY:
 Make _____ Model _____ Yr _____ Color _____ License no. _____ State _____
 Make _____ Model _____ Yr _____ Color _____ License no. _____ State _____
 Describe breed, color & number of hunting dogs you will be using: _____
 Have you completed a hunter safety training course? _____ State _____ Year _____
 What other hunting clubs are you now a member of? Name and Date joined _____
 What other hunting clubs are you a former member of? Name & year terminated _____

List all dependents (spouse and dependent children) who may accompany you on our land. *Qualified Dependents must be listed as your Dependents on your federal income tax return. A signed SOS indemnification agreement must be received for each dependent prior to their access to club land, including infants.*

NAME	SEX	BIRTHDATE	RELATIONSHIP	NAME	SEX	BIRTHDATE	RELATIONSHIP
1. _____				4. _____			
2. _____				5. _____			
3. _____				6. _____			

Estimated Number of days each year I may use club land to hunt for? quail ___ pheasant ___ duck ___ goose ___ dove ___
 turkey/bow ___ turkey/gun ___ deer/bow ___ deer/gun ___ grouse ___ prairie ckn ___ squirrel ___ rabbit ___ coyote ___ raccoon ___
 prairie dogs ___ elk ___ antelope ___ boar ___ # of days each year I plan to use club land to Fish ___ Camp ___

Top 3 States you wish to hunt: _____ **Top 3 Counties you wish to hunt:** _____

HOW DID YOU HEAR ABOUT US? (Name of sponsor if any): _____
Misleading or false information given to obtain membership, will result in revocation of membership and forfeiture of money paid, upon verification of intent to deceive SOS, AWA, and affiliated clubs. Read the agreement printed on reverse side of this application, and if fully understood, sign before submitting application for approval.

APPLICANT SIGNATURE _____ **DATE** ___/___/___ **Approved by** _____
Total Due \$ _____ **Paid \$** _____ **Balance Due \$** _____ **To be paid as follows:** _____
 Cash ___ Check ___ (\$50 fee for all returned checks) Approval is given to charge \$ _____ To Credit Card Number _____ Expires ___/___/___
 Card Type: Visa ___ Master Card ___ Discover ___ American Express ___

This Section is for Official Use Only:

APPROVED _____ **DATE** _____ **SOURCE** _____ **BOOK** _____ **ID** _____ **VEH ID** _____ **PHOTO** _____ **COMPUTER** _____ **DR LIC** _____ **MEMBER #** _____
 Membership bought on Loyalty Plan for _____ years, with bonus of _____ upon completion. **Dues frequency:** _____
Amount of each payment \$ _____ **including tax, starting on** ___/___/___
FIRST ANNUAL ANNIVERSARY DATE ___/___/___ **Memo** _____ **Rev. 10-16-09**