

# CANYON

## SPORTSMAN ALLIANCE

Date of Application: \_\_\_\_\_

Date Posted: \_\_\_\_\_  
*For Office Use Only*

### Applicant Information

I hereby apply for (check type)  **Civilian**  **Military and First Responder** Membership in the Canyon Sportsman Alliance Corp (the "Alliance"). If approved for membership, I promise to abide by the Constitution, By-Laws, Rules and Regulations of the Alliance now in force, or which may hereafter be adopted.

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Years at present address: \_\_\_\_\_

(If less than 2 years)

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Employer Information

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Personal Reference/Emergency Information

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

### Questionnaire

Social Security #: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the circumstances, charges, court where convicted, and year.

Are you prohibited from possessing firearms or ammunition? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently subject to a restraining order? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that there is nothing in my background that would prevent me, my spouse or my immediate family from legally owning, possessing or handling firearms. Any false statements made about an applicant's background can be grounds to void membership.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Membership Committee / Office Use Only (Please do not write in this space)**

Approved for Membership:  Civilian  Military and First Responder

Membership Chairman: \_\_\_\_\_ Board of Directors: \_\_\_\_\_