

Community Conservation Club Inc.

Email: Membership@OdessaCCC.org

Membership Application

Name: _____	Age: _____
Street: _____	
City: _____	State: _____ Zip: _____
E-Mail Address: _____	
Phone: _____	Date of Birth: _____

Type of Membership – Check One

Standard Membership / Family \$60.00 Spouse and Children (18 and under)		Senior (62 and over)	\$35.00
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Elected Club Officer Membership Amount Due – At Their Discretion

Please List Family Member(s) Below Spouse and Children (18 and under)

Name	Age	Relationship

(Please Note: **Keys and Membership Cards will be distributed at the end of regular monthly meetings**, held at the C.C.C. Inc building on the first Sunday of each month. Meetings start at 9:00AM. All keys remain the property of C.C.C. Inc. and must be returned at termination of membership) **I acknowledge that I have received and read the club by-laws and rules of conduct & club polices. Please initial here _____**

Are there any special skills you can offer our Membership? Specify on reverse, Please.

NRA Membership	(for insurance purposes)
NRA (Applicant) #:	NRA (Spouse) #:

I do hereby agree to abide by the rules of the club, to take responsibility for my actions, those of my guests, and to adhere to the highest possible standards of safety.

Signed: _____ Date: _____

Send to: Community Conservation Club, ATTN: Membership Chairman, P.O. Box 182,
Odessa, NY 14869-0812

To be completed by membership chairperson: Key _____ Check _____ Cash _____