

Hunting Sports Plus, Inc. and American Wildlife Association

APPLICATION FOR MEMBERSHIP

704 NW Mock Ave., Blue Springs, MO 64015 ★ Fax 816-224-9595 ★ Email: Huntingsportsplus@comcast.net ★ Tel 816-220-1000

Name (print) _____ Home street address _____
 City/St/Zip _____ County _____ Since ___/___/___ Circle one: own--rent--buying--sharing?
 Home phone # _____ Name phone listed under _____, Cell phone # _____, Email _____
 Your 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 below, who will testify you are a safe ethical hunter. (Must be unrelated, and known for over 5 years).

1. Name _____ Phone # _____ Name _____ Phone # _____

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 HSP land?
Y N 12. Have you been fined over \$300 for 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 HSP, AWA, or any club affiliated with AWA or HSP?
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 no. _____ State issued by: _____ Expires _____

Height _____, Weight _____, Hair _____, Eyes _____, Skin Color _____, Birth date _____, Marital status _____

LIST ALL VEHICLES TO BE USED WHILE USING CLUB PROPERTY: Have you completed a hunter safety training course? _____ What State? _____ Year? _____
 Make _____ Yr _____ Model _____ Color _____ 4x4? _____ License no. _____ State _____
 Make _____ Yr _____ Model _____ Color _____ 4x4? _____ License no. _____ State _____

What other hunting clubs are you **now** a member of? Show name & year joined _____

What other hunting clubs are you a **former** member of? Show name & year terminated _____

Describe breed, color & number of hunting dogs you will be using: _____

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 HSP indemnification agreement must be received for each dependent prior to their access to club land, including infants.

NAME	SEX	BIRTHDATE	HOW RELATED?	-	NAME	SEX	BIRTHDATE	HOW RELATED?
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 _____?

I WANT TO HUNT IN STATES CIRCLED: AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY. ★Show Four Most favorite states in order of importance: _____

Approval is given to charge \$ _____ To Credit Card Number _____ Expires ___/___/___ Add 7.975% sales tax to all amounts.

CREDIT: Circle number, if you have: 1. Checking account, 2. Master Card, 3. Visa, 4. Discover, 5. American Express, **6. AWA Platinum Visa Card**

HOW DID YOU HEAR ABOUT US? (Name 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 HSP, 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 SIGN HERE (X) _____ DATE _____/_____/_____, Approved by _____

Total Due \$ _____, Paid \$ _____, Balance Due \$ _____, To be paid as follows: _____

Below section for office use only: APPROVED _____, DATE _____, SOURCE _____, BOOK _____, ID _____, VEH ID _____, PHOTO _____, COMPUTER _____, DR LIC _____, MEMBER # _____

CLASSIFICATION(Circle): Regular Hunting, Regular Fishing, Associate, Corporate, Group. Membership bought on Loyalty Plan for _____ years, with bonus of _____ upon completion. Dues frequency: _____ Amount of each payment \$ _____ including tax, starting on _____/_____/_____

ANNUAL RENEWAL ANNIVERSARY BASIS: Fiscal Calendar Year Your Lifetime Membership in HSP: \$ _____ Annual Dues \$ _____ Initial total \$ _____ hereafter pay \$ _____ every _____ beginning ___/___/___ which includes tax and membership in American Wildlife Association, Loyalty Plan term _____, Regular Fish Associate Annual Minimum Days _____ @ \$ _____.

Dues and Daily fees are subject to change. FIRST ANNUAL ANNIVERSARY DATE _____/_____/_____ Memo _____ Rev. 1-6-12