

**Central Carolina Outdoor Club, Inc.**

1304 Parkside Drive, Monroe, NC 28110 Phone 704-2891717, Fax 704-289-1788 email: danh@centralcarolinaoutdoorclub.com

**APPLICATION FOR MEMBERSHIP**

Name (print) \_\_\_\_\_ Home address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_ Since \_\_\_/\_\_\_/\_\_\_ Circle one: own--rent--buying--sharing? Home Phone# \_\_\_\_\_  
Name Home Phone listed Under \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_  
How long have lived here? \_\_\_\_\_ years. Previous state of residence \_\_\_\_\_ Dates lived there? \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Type of business \_\_\_\_\_  
Employed since \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO:**

- (1) Have you been convicted of a felony? \_\_\_\_ (2) Are you a citizen or legal resident of the U.S.A.? \_\_\_\_ (3) Are you now on probation for any criminal offense? \_\_\_\_ (4) Have you ever been ticketed, or fined for a conservation law violation? \_\_\_\_ (5) Are you a member of any organization which opposes the U. S. Government? \_\_\_\_ (6) Have you ever injured anyone while hunting? \_\_\_\_ (7) Have you ever claimed you were entitled to compensation from anyone, for property damage or injury, resulting from a hunting accident? \_\_\_\_ (8) Have you ever damaged someone's property while hunting? \_\_\_\_ (9) Have you ever sued anyone for personal injury resulting from any cause? \_\_\_\_ (10) Have you ever accepted payment for injuries or disability resulting from any cause? \_\_\_\_ (11) Has any other hunting club ever canceled or refused to renew your membership? \_\_\_\_ (12) Can you read and understand this entire application without anyone helping you? \_\_\_\_ (13) Do you now or plan to accept compensation as a professional hunting or fishing guide? \_\_\_\_ (14) Do you currently lease land for your own hunting? \_\_\_\_ (15) Have you previously applied for membership in American Wildlife Association, LLC or any club which is affiliated with AWA? \_\_\_\_ (16) Have you been treated for addiction to a controlled substance or alcohol within the past year? \_\_\_\_ (17) Do you have difficulty controlling your temper? \_\_\_\_ (18) Do you have any physical or mental disabilities which could place you or others at risk or in harms way, while you are hunting or fishing? \_\_\_\_ (19) Are you a member of the NRA? \_\_\_\_ (20) Are you a member of any anti-hunting organization? \_\_\_\_

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

**REFERENCE RELEASE FORM**

Our membership and landowners require that we perform background checks on prospective members. Signing the disclosure statement below allows us to check your references, which will only be done when we deem it necessary to further the membership process or to verify information you have given us. *Reference information is always kept in the strictest professional confidence and never released to anyone.*

Please provide us with the names, telephone numbers, and relationship of three individuals who have previously hunted or fished with you. Briefly describe your relationship to these references.

**DISCLOSURE STATEMENT**

I understand that Central Carolina Outdoor Club, Inc and/or American Wildlife Association may conduct a background/reference check. This check may include information regarding character, work record, criminal background, general knowledge, capabilities, and reputation. The references contacted do not necessarily need to be listed below.

I hereby acknowledge that I have read and understand this statement, and hereby authorize Central Carolina Outdoor Club, Inc to obtain a reference check as described above.

Character Reference: (Known at least 5 years)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

IDENTIFICATION: Drivers license no. \_\_\_\_\_ State issued: \_\_\_\_\_ Expires \_\_\_\_\_  
Height \_\_\_\_\_, Weight \_\_\_\_\_, Hair \_\_\_\_\_, Eyes \_\_\_\_\_, Birth date: \_\_\_\_\_ Marital status \_\_\_\_\_  
Social security no. \_\_\_\_\_ Have you completed a hunter safety training course? \_\_\_\_ What State(s)? \_\_\_\_\_ Year? \_\_\_\_\_

List ALL vehicles you will be using on Club property:

Make	Year	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 children) who may accompany you as your guest: DEPENDENT CHILDREN MUST BE UNDER THE AGE OF 25, AND IF NOT LIVING AT HOME, MUST BE A FULL TIME STUDENT, TO QUALIFY:

NAME	SEX	BIRTHDATE	HOW RELATED?

How did you hear about us? Please name sponsor if applicable:

\_\_\_\_\_

**IT SHALL BE THE MEMBERS RESPONSIBILITY TO NOTIFY CCOC OF ANY CHANGES IN INFORMATION PROVIDED ON THIS APPLICATION. ANY INFORMATION WITH REGARD TO CONVICTION OR CRIMINAL STATUS MUST BE IMMEDIATELY COMMUNCIATED.**

**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 AWA & AFFILIATED CLUBS. READ THE AGREEMENT PRINTED ON THIS APPLICATION, AND IF FULLY UNDERSTOOD, SIGN BEFORE SUBMITTING APPLICATION FOR APPROVAL.**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

**PAYMENT METHOD**

Lifetime initiation \$895.00 \_\_\_\_\_, Annual Dues \$ \_\_\_\_\_, Initial Total Due \$ \_\_\_\_\_ Initial Paid \$ \_\_\_\_\_

Thereafter pay \$ \_\_\_\_\_ every \_\_\_\_\_ on \_\_\_\_\_ which includes monthly dues for membership in American Wildlife Association, LLC.

Payment by cash \_\_\_\_\_ or check \_\_\_\_\_ check number \_\_\_\_\_ Approval is given to charge \$ \_\_\_\_\_

To Credit Card Type – Visa, MC, AMEX, Discover

Number \_\_\_\_\_ Exp Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**FOR OFFICE USE ONLY:**

CCOC/AWA Member Number: \_\_\_\_\_ Date \_\_\_\_\_ HH \_\_\_\_\_ Out Entry \_\_\_\_\_ Mbr EM list \_\_\_\_\_ Qtr Rem. \_\_\_\_\_

Roster Ent \_\_\_\_\_ QB Ent \_\_\_\_\_ ID Card \_\_\_\_\_ Veh ID \_\_\_\_\_ Bkg Ck Sub \_\_\_\_\_ Bkg Ck Rec \_\_\_\_\_ Book \_\_\_\_\_ Cell \_\_\_\_\_

User ID \_\_\_\_\_ PW \_\_\_\_\_ Accept Ltr \_\_\_\_\_