

STOCKBRIDGE SPORTSMEN'S CLUB, INC
P O BOX 6
STOCKBRIDGE, MA 01262
413 298-3277

MEMBERSHIP RENEWAL FORM

NAME: _____ SPOUSE: _____

(if changed) Mailing address: _____

CITY: _____ STATE: _____ ZIP: _____

E- mail address _____

PHONE: _____

TYPE OF MEMBERSHIP: (PLEASE CHECK ONE)

_____ \$60.00 Regular (includes direct family members in household)

_____ \$20.00 Junior (under 21 years old) DOB _____

_____ _____ Additional Donation