

# Pheasant Bonanza Application for Membership

3097 County Road 0 Tekamah, NE 68061 (402)374-1765 www.pheasantbonanza.com

I (we) hereby make application for Membership at Pheasant Bonanza Hunt Club & Kennel subject to the Club bylaws and approval of the Membership Committee. Enclosed is my payment for the Membership classification checked **plus 5.5% Nebraska Sales tax.**

Please check the box of the membership you are applying for.

- Social Membership** \$100.00 (\$105.50 with tax)
- 28 Gauge** \$500.00 (\$527.50 with tax)
- 20 Gauge** \$2,500.00 (\$2637.50 with tax)
- 12 Gauge** \$5,000.00 (\$5275 with tax)

*Memberships can be set up under a business name, with owners and employees as designees, no limit, or under an individual, with spouse and dependents under 18 as designees.*

*Please Type or Print Clearly*

Date of Application \_\_\_\_\_ I will be paying via:  Paypal  Check  Credit Card

Name of Business (if set up under business): \_\_\_\_\_

*Primary Contact Person of Membership*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Referred by \_\_\_\_\_

Billing Address

*( If Different than Home Address)*

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

# Designees

## ***Employee / Spouse***

#1 Designated Member

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home St. Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## ***Employee / Dependent***

#2 Designated Member

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home St. Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## ***Employee / Dependent***

#3 Designated Member

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home St. Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## ***Employee / Dependent***

#4 Designated Member

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home St. Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Print copies of this page for more dependent/employee designees**

*Memberships are renewed annually on September 1<sup>st</sup> and run through August 31<sup>st</sup> of the following year.*