

# 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.

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Social Membership | \$100.00 (\$105.50 with tax)    |
| <input type="checkbox"/> 28 Gauge          | \$500.00 (\$527.50 with tax)    |
| <input type="checkbox"/> 20 Gauge          | \$2,500.00 (\$2637.50 with tax) |
| <input type="checkbox"/> 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 \_\_\_\_\_

MANDATORY Credit Card For File (please call in info if you do not feel comfortable putting info on application)

CC Type & Number \_\_\_\_\_

Security Code \_\_\_\_\_ Exp Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Designees (if entire company please just note "all employees")

**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.  
All designees will have to put a credit card on their own file if they want to utilize our services.*