Application For Membership in the Tracy Wildlife Association

I		
Daviding of	Full Name (Please print)	
Residing atStreet		Apt. or Space
City	State	Zip
Birth Date:	Home Phone:_	
Membership in said organization. In	n so doing, I give my pledge as a rees of my country, its soil and n	ninerals, its forest, waters and wildlife.
Sponsor:		Card #
Signature of Applicant:		Date: P.O. Box 283 Tracy, CA 95378
Applications will only be ac	cepted by mail, send to:	P.O. Box 283 Tracy, CA 95378
Applicant accepted by Member	ership Committee	Date:
Date of postmark will establish po	osition on Membership List. Proof of re	sidency will be required at time of admittance.
The applicant, after having reshall be accompanied by their Committee. After meeting the approval or disapproval to the	sponsor when they appear e applicant the Membershi	before the Membership p Committee will recommend
*****DO NOT WRITE BELO	OW THIS LINE UNTIL IN	NSTRUCTED TO DO SO*****
I certify that I have read and u the Tracy Wildlife Association		, By-laws, and Ground Rules of
(Signature of Ag	oplicant)	Date: