

APPLICATION FOR MEMBERSHIP

KERLESS KNOB HUNT CLUB

P.O. BOX 64

FENWICK, W.V. 26202

Name of applicant _____

Address _____

Phone Number _____

Date of birth _____

Date of application _____

Recommended by _____

Other clubs you are a member of _____

If approved for membership, applicant must pay their club dues within 30 days of notification or forfeit their approval.

All applications for membership must be approved by the board of directors.

If all membership openings have been filled an applicant will be placed on a waiting list in the order their application was received.

Signature of applicant _____