



Manhasset Bay Sportsmen's Club

36 Matinecock Avenue.

Port Washington, New York 11050

(516) 883-9689

Preliminary Membership Application

Please Print Clearly

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ ZIP: _____

Home Phone: () _____ Cell: () _____ email: _____

D.O.B. ____ / ____ / ____ . Occupation: _____

Married?: Yes () No () Wife's Name: _____ Any Children? : _____

Do you have a Pistol Permit? _____ County and State was it issued? _____

Do you have a boat? _____ Where is it docked? _____

Do you like to fish fresh water? _____ Saltwater? _____ Any Preference? _____

Do you Hunt? _____ Big Game? _____ Small Game? _____ Ducks? _____

Do you know any MBSC members? Yes() No() If yes who? _____

Have you attended any MBSC sponsored event? (if so which) _____

What do you know about the club? _____

Do you have any questions about the club?: Do not hesitate to ask. _____

Do you know about our Youth or Junior Member Programs: _____

Signature: _____

Date: _____

Return this form to: MBSC 36 Matinecock Avenue Port Washington, NY 11050 Attn: Membership Director

Date received: _____

By: _____

Status: _____