



Membership Application

American Whitetail, Ltd.
P.O. Box 173
Audubon, NJ 08106
Phone: 856-549-1982 (24 Hr. Voice Mail)
www.americanwhitetailtd.com

Name: _____

Address: _____

Home. Phone _____ Work _____ Cell _____

Email _____

Date of Birth _____

Membership Type: _____

All Around, Archery, Shotgun, Shotgun/Muzzle

Vehicle _____

Year Make Model Color State Plate #

Have you ever been convicted of a violation of any Fish and Game Regulations? _____

If Yes, Explain _____

Include a Supplemental sheet if needed

If applying as a Family please List names and ages of Family Members.

By signing this document I understand that American Whitetail LTD, LLC and/or it's affiliates, owners and officers are not responsible in any way for my ability to harvest any game or wildlife, my safety, lack of responsible behavior, hunting knowledge, or knowledge of New Jersey game and wildlife laws. I also realize that all deposits except on pending membership applications are non-refundable but may be applied to any service provided by AWLTD, LCC. Submission of this application does not guarantee acceptance.

Signature

Date