

WESTERN WAYNE COUNTY CONSERVATION ASSOCIATION

2026 MEMBERSHIP APPLICATION

IF A FORMER MEMBER, PLEASE ENTER YEAR WHICH YOU WERE A MEMBER _____

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Email:

Please print legible

Current address:

City:

State:

ZIP Code:

Occupation (Required)

How did you become aware of WWCCA?

EMPLOYMENT INFORMATION (OPTIONAL)

Current employer:

Job Title:

MEMBERS OF HOUSEHOLD DESIRING ASSOCIATE MEMBERSHIP STATUS

As per our By-laws, Associate Membership card is granted to the spouse of the member and/or children of the member 18 years of age and over, whose permanent residence is the same as the member, and who is a **full-time student**, or a **member of the Armed Forces** of the United States of America.

Name:

Date of Birth:

Relationship: Husband / Wife

If 18 or older indicate student or Armed Forces if applies

Name:

Date of Birth:

Relationship:

Name:

Date of Birth:

Relationship:

Name:

Date of Birth:

Relationship:

Name:

Date of Birth:

Relationship:

CLUB INTEREST: PLEASE INDICATE WHICH OF OUR CLUB ACTIVITIES YOU ARE INTERESTED IN PARTICIPATING IN

_____ Archery _____ Rifle _____ Conservation _____ Shotgun _____ Handgun _____ Jr Programs

_____ Airgun _____ Blackpowder _____ Precision Shooting _____ Social Functions _____ Other

Our club by-laws require each member of our organization accumulate 20 work hour credit points each year. Please indicate any skills you would be willing to share with WWCCA should your membership be accepted:

_____ Grass Cutting

_____ Painting

_____ Electrical

_____ Plumbing

_____ Tree Trimming

_____ Kids Party Helper

_____ Rough Carpentry

_____ Finish Carpentry

_____ Masonry

_____ Computer Skills

_____ Labor

Other: _____

I certify that this information is true and correct. I understand that the making of a false, oral or written statement with respect to this membership application is sufficient grounds for revoking of this application. Should membership have been granted through reliance on these false statements, said false statements shall be sufficient grounds for the cancellation of said membership.

Applicants Signature:

Date:

SPONSOR INFORMATION

Sponsor Name:

Membership Number:

How long have you known applicant?

Why do you feel this applicant should be considered for membership?

Sponsorship Signature:

Date:

MAKE CHECK OUT TO: WWCCA. MAIL TO WWCCA - MEMBERSHIP COMMITTEE - P.O. BOX 701009 - PLYMOUTH, MI 48170

NAME:

Membership #:

PART 1: MEMBERSHIP

WWCCA Membership dues & initiation fee. (prorated by application date) SEE BELOW	1.		
Club Newsletter (\$0.00 emailed or \$50.00 printed mailed copy current year 2026)	2.		
MUCC Membership:	3.	5	00

Per our By-Laws Article VI, Section I, (d) MUCC Membership is required. If you have membership with another club, verification of membership will be required.

PART 2: NRA MEMBERSHIP

Members must maintain membership in the NRA as per Article VI, Section I, (c) of our By-Laws. If needed attach the NRA Membership Application and enter "NRA TOTAL" in Box 4.

If current NRA member fill in information below and enter "0" in box 4

NRA Membership #: _____

Expiration Date: _____

4.

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PART 3: OPTIONAL ANNUAL PAYMENT OF RANGE FEES OR PAY AS YOU GO

This is not pro-rated due to low fee. Price thru December 31 of year joining.

Firearm Range Optional Fee \$25.00 (or pay daily fee of \$5.00 each time)	5.		
Archery Range Optional Fee \$21.00 (or pay daily fee of \$3.00 each time)	6.		

PART 4: TOTAL AMOUNT DUE - ADD BOXES 1-6 AND ENTER TOTAL

7.

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Member Signature _____ DATE _____

MEMBERSHIP DUES:

Application Date:	DUES INCLUDING \$100.00 INITIATION FEE (enter in box 1 above):	
January 1 - March 31	\$300.00	100% of annual dues, plus 20 work hours required
April 1 - June 30	\$250.00	75% of annual dues, plus 15 work hours required
July 1 - September 30	\$200.00	50% of annual dues, plus 10 work hours required
October 1 - end November	\$150.00	25% of annual dues, plus 5 work hours required

WWCCA CLUBHOUSE NEWSLETTER EMAIL

PLEASE PRINT NEATLY: _____