

Buck Forest Membership Application

Print Form Out, Then Fill In Each Question Completely
And Mail or Fax To: Buck Forest



c/o Sheryl Billitz
121 Honey Branch Lane
Saint Augustine, Florida
Fax: 904-823-9028

Applicants Full Name: _____ Date Of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone:(H) _____ (C) _____

Print Clearly E-Mail Address: _____

Type Of Employment: _____

Legal Spouse Full Name: _____ Date Of Birth: _____

Number of Children: _____ Ages: _____

Please Answer The Following Questions With "YES" Or "NO"

Have You Ever Been Charged With Any State Game Violations? _____

Is "QDM" Something That You Believe In? _____

Please Mark An (X) For Your Arrangements Needed If You Become A Member

Camp House/Bunk _____ Camp Site _____ Either _____

Please Tell Us In Your Own Words Why You Would Make A Good Member At Buck Forest.

Please Read The Statement Below And Sign If You Agree.

I have read the "Buck Forest Rules & Regulations" and I agree that if I were to become a member that I would follow them without discord. I understand the "QDM" measures being made and I will aid in the upkeep of these. Further more, I understand that becoming a member of Buck Forest that I will have to pay the membership dues in a timely manner and that any violations against Buck Forest policies could result in suspension of membership without refund.

Signature: _____ Date: _____