

MEASURER APPLICATION

Membership fee of \$200 must be included with application.

Name:	Click or tap here to enter text.	Phone: Click or tap	here to enter text.	Email Address: Cli	ck or tap here to enter text.
Addres	s: Click or tap here to enter text.				
City: C	lick or tap here to enter text.	State: Click or tag	p here to enter text	Zip: Click or tap	here to enter text.
Date of	Birth: Click or tap here to enter	text.	Occupation: Clic	k or tap here to enter te	ext.
Name o	f Company / Employer: Click of	or tap here to enter tex	t. Employ e	er Address: Click or ta	p here to enter text.
City: C	lick or tap here to enter text.	State: Click or ta	p here to enter text	Zip: Click or	tap here to enter text.
Employ	ver Phone: Click or tap here to en	nter text.			
	uch education have you comple whool Degree: Some College		's Degree: 🗌 🛛	Master's Degree: 🗆	Doctorate Degree:
Do you	currently measure for any org	anizations?		Yes: 🗆	No: 🗆
If yes, p	olease identify organizations: C	ick or tap here to ente	er text.	Dates of Service: Clie	ck or tap here to enter text.
Are you	ı a member of any hunting or o	utdoor related orgar	izations?	Yes: 🗆	No: 🗆
If yes, p	olease identify organizations: C	ick or tap here to ente	er text.		

Dates of Service: Click or tap here to enter text.

North American Shed Hunters Club | P.O. Box 338, Indianola IA 50125 | P: 515.442.7030 | E: shedhuntersclub@gmail.com

Do you currently hold any records in any big game related record books?	Yes: 🗆	No: 🗆
Have you ever been cited or convicted of any wildlife crime or criminal trespassing?	Yes: 🗆	No: 🗆

If yes, please provide details of violation. Definition of violation, date, conviction status, state and any other information. Click or tap here to enter text.

Have you ever been charged with or convicted of a felony?	Yes: 🗆 🛛 🗋	No: 🗆
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If yes, please provide details of violation. Definition of violation, date, conviction status, state and any other information.

Please list three (3) references that are familiar with your background in measuring, hunting or outdoor experience.

1. Name: Click or tap here to enter text. Telephone: Click or tap here to enter text. Email: Click or tap here to enter text. Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

2. Name: Click or tap here to enter text. Telephone: Click or tap here to enter text. Email: Click or tap here to enter text. Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

3. Name: Click or tap here to enter text. Telephone: Click or tap here to enter text. Email: Click or tap here to enter text. Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

How far would you be willing to travel to attend a NASHC measuring workshop? (please check box that applies)

Anywhere in the US or Canada: \Box Within a 1-day travel of home address: \Box

Only within my state: \Box

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Please describe the reasons you want to become an official measurer for the NASHC. If additional space is needed, please provide on a separate sheet of paper and attach to this application.

Thank you for your interest in becoming an official measurer for the NASHC. All applications will be reviewed and processed in the order they are received. The NASHC maintains its right to either accept or reject any application solely at their own discretion. By signing below, you acknowledge that all information given here is true and accurate to the best of your knowledge.

Signature: _____

Date: Click or tap here to enter text.

Reviewed By: Click or tap here to enter text. **Date:** Click or tap here to enter text.

NASHC ID #: Click or tap here to enter text.

Status: Click or tap here to enter text.

\$200.00 membership fee. □

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