



COMMEMORATIVE BUCKS OF MICHIGAN OFFICIAL MEASURER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HOME PHONE: () - _____ CELL PHONE: () - _____ WORK PHONE: () - _____

OCCUPATION: _____ DATE OF BIRTH: _____

ARE YOU CURRENTLY A MEMBER OF CBM? (CIRCLE ONE) YES OR NO
PLEASE INDICATE YOUR EXPERIENCE AND BACKGROUND IN MEASURING NORTH AMERICAN BIG GAME TROPHIES. INCLUDE REFERENCE TO A HUNTING, WILDLIFE, OR RELATED ORGANIZATION FOR WHICH YOU CURRENTLY SERVE OR HAVE SERVED. INCLUDE THE LENGTH OF TIME YOU HAVE SERVED WITH THIS ORGANIZATION (ATTACH ADDITIONAL SHEETS IF NEEDED)

HAVE YOU EVER ATTENDED A CLINIC ON MEASURING BIG GAME OR ASSISTED OR BEEN MENTORED? (CIRCLE ONE) YES OR NO
IF YES PLEASE INDICATE DATED AND CLINIC SPONSOR/LEADER

HAVE YOU EVER BEEN CONVICTED OF A GAME VIOLATION? (CIRCLE ONE) YES OR NO
IF YES PLEASE PROVIDE DETAILS:



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CHARACTER REFERENCES

PLEASE PROVIDE TWO REFERENCES. THEY WILL BE CONTACTED

REFERENCE #1

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE NUMBER: _____

REFERENCE #2

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE NUMBER: _____

I DO BY SIGNATURE ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANTS SIGNATURE: _____ DATE: _____

AFTER COMPLETING THE APPLICATION, PLEASE SEND IT TO: CBM@BUCKFAX.COM

WITH ANY QUESTIONS, PLEASE CONTACT

ADDRESS: P.O. BOX 615 GRAND LEDGE, MI, 48837

SCORING CHAIRMAN: DUANE TEMPLE

PHONE: 517-679-6226

PHONE: (989) 236-7634

EMAIL: CBM@BUCKFAX.COM