



COMMEMORATIVE BUCKS OF MICHIGAN  
OFFICIAL MEASURER APPLICATION

NAME: (PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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ARE YOU A MEMBER OF CBM? 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? YES OR NO

IF YES, PLEASE INDICATE DATES AND CLINIC SPONSOR/LEADER

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A GAME VIOLATION? YES OR NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? 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: (PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**REFERENCE #1:**

NAME: (PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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**I do by signature attest that the above information is true to the best of my knowledge.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send the completed application to

**Mike Heeg, CBM Scoring Chairperson  
9034 Bennington Road  
Laingsburg, MI 48848**