



APPLICATION FOR MEMBERSHIP

(Please print legibly)

Date _____

Applicant's full name _____

Permanent address _____

City _____ State _____ Zip Code _____

Mailing address _____

City _____ State _____ Zip Code _____

Home phone _____ Other phone _____

Date of birth _____ City _____ State _____

Are you a U.S. citizen? Yes () No () If naturalized, where? _____ Date _____

Status if not a U.S. citizen _____

Present employer _____

Address of employer _____

City _____ State _____ Zip Code _____

Business phone _____

How long have you been employed there? _____ Position _____

Duties _____

Are you a law enforcement officer? Yes () No () If yes BPST # _____

Do you have a concealed weapons permit? Yes () No () If yes permit # _____

Issuing county _____

Military Record

From (month and year) _____ To (month and year) _____ Branch of service _____

Have you successfully completed a firearm safety course? Yes () No ()

If yes, where and when? _____

Are you currently an N.R.A. member? Yes () No () Annual () Life () Other(specify) _____ Member# _____

Are you a competitive shooter? Yes () No ()

What caliber do you intend to shoot most often? _____

Are you being sponsored by a current club member? Yes () No ()

If yes, who? _____

Give the names and addresses of three adult persons, not former employers, that you have known over three years.

Name	Address	Occupation	Telephone

Have you ever been convicted of a felony charge? Yes () No () If yes, give details _____

I understand that a false answer to any of the foregoing will cause the applicant to be denied admission or to have membership revoked. I certify that all of the information contained in this application is complete and correct to the best of my belief and knowledge.

Applicants signature _____

DO NOT WRITE IN THIS SECTION - FOR OFFICE USE ONLY

ACCEPTED OR REJECTED

DATE PAID

AMOUNT & HOW

ALL FORMS COMPLETED

MEMBER NUMBER

DATE CARD ISSUED

CLUB OFFICIAL'S SIGNATURE _____