



2018
MEMBERSHIP RENEWAL FORM

PLEASE PRINT

MEMBER # _____

NAME: _____

ADDRESS: _____
(number) (street)

(city/town) (state) (zip code)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MEMBERSHIP NUMBERS

GOAL # _____ EXP. DATE: _____

NRA # _____ EXP. DATE: _____

To renew your membership for 2018:

1. Complete and submit this renewal form.
2. Include a \$50.00 check payable to COPICUT RIFLE ASSOCIATION.
3. Attach copies of your current GOAL & NRA membership cards.

**MUST PROVIDE A PHOTO-COPY OF YOUR GOAL AND NRA
MEMBERSHIP CARDS TO RECEIVE YOUR NEW GATE KEY**