



## Membership Application

Name: \_\_\_\_\_ Club Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you an NRA member? Yes \_\_\_\_\_ No \_\_\_\_\_ Member Number \_\_\_\_\_

Do you have a Concealed Carry Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please bring it with you.

Are you interested in receiving Fire Arms Training? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in joining one of our shooting leagues? Yes \_\_\_\_\_ No \_\_\_\_\_

Interests/Shooting Experience: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_