



**RHODE ISLAND 2ND AMENDMENT
COALITION**

928 Atwood Avenue
Johnston, Rhode Island 02919
(401) 944-1600 * 942-8921 Fax

MEMBERSHIP APPLICATION

Please fill out all fields, incomplete applications will not be processed

Full Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____

Email: _____

N.R.A. no.: _____

Cell Phone: _____ Home Phone: _____

If you are member of any other club, organization or association, please list: _____

Firearm Interests, please check all that apply:

Collecting: ____	Antiques: ____	Target Practice: ____	Competition: ____
Hunting: ____	Dealer: ____	Black Powder: ____	Defense: ____
Reloading: ____	Trap: ____	Gunsmith: ____	Other: ____

I certify that I am a citizen of the United States. I have provided accurate and complete information on this membership application. I understand that my membership may be terminated with any refund if it is discovered that any information is false or incomplete. I have no pending charges, convictions, judgments, orders or conditions that prohibit me from possessing a firearm per state or federal law.

Signature: _____

Please check annual membership desired: New member: ____ Renewal: ____

Life Membership: ____ \$750 Adult Yearly Membership: ____ \$35 Junior Yearly Membership: ____ \$20

Please make checks payable to Rhode Island 2nd Amendment Coalition at the above-listed address.