

Application for Membership

**Copicut Rifle Association
PO Box 1003
Mattapoisett, MA 02739**

PRINT LEGIBLY

First Name _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth mo/day/year ____ / ____ / ____

Email _____

GOAL Membership # _____ Exp. Date _____

NRA Membership # _____ Exp. Date _____

Do you have an F.I.D. Card? Yes _____ No _____ LTC? Yes _____ No _____

Are you a Citizen of the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you a registered voter? Yes _____ No _____

Please check all interest: Rifle ____ Pistol ____ Jr. Rifle ____ CMP ____ NMC ____ Maintenance ____

High Power Rifle Team ____ Other ____

Please list any other club memberships: _____

By signing this application I hereby confirm that all the above information is correct and true and to abide by all by-laws and rules set forth by the COPICUT RIFLE ASSOCIATION, and to respect its officers, staff, and fellow members at ALL times.

Sponsor's Name (print) _____ Phone # _____

Your Signature _____ Date ____/____/____

DO NOT WRITE BELOW THIS LINE

Attended Orientation Yes ____ No ____ **Date Attended** ____/____/____

Instructor _____

Date Accepted ____/____/____ **Membership #** _____