

# Application for Membership

**Copicut Rifle Association  
PO Box 3049  
Westport, MA 02790**

## **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: \_\_\_\_\_

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**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 #** \_\_\_\_\_