



**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.