Council Bluffs Rifle & Pistol Club, Inc.

Application for Membership

APPLICANT INFORMATION

NAME: _____
(LAST) (FIRST) (MI) (PREFERRED)

ADDRESS: _____

_____
(CITY) (STATE) (ZIP + 4)

eMAIL
ADDRESS: _____

PHONE NUMBERS:

_____ _____ _____
(HOME) (WORK) (CELL)

DATE OF BIRTH: _____ OCCUPATION: _____

NRA
MEMBERSHIP: _____
(NUMBER) (EXPIRATION DATE)

CCW OR
PURCHASE PERMIT: _____
(NUMBER) (EXPIRATION DATE)

EMERGENCY
CONTACT: _____
(NAME)

PHONE NUMBERS:

_____ _____ _____
(HOME) (WORK) (CELL)

EMERGENCY
CONTACT: _____
(NAME)

PHONE NUMBERS:

_____ _____ _____
(HOME) (WORK) (CELL)

SPONSORED BY: _____

DATES OF MEETINGS ATTENDED:

_____ (FIRST) _____ (SECOND) _____ (THIRD)

RANGE CLEAN-UP OR MATCH DATE:_____

RANGE ORIENTATION DATE:_____

I AM WILLING TO ASSIST IN RANGE MAINTENANCE: YES NO

I AM WILLING TO HELP WITH CLUB MATCHES: YES NO

SKILLS / ABILITIES:_____

I DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE COUNCIL BLUFFS RIFLE & PISTOL CLUB, INC. IF MY APPLICATION IS ACCEPTED, I AGREE TO SUPPORT THE ACTIVITIES AND RESPONSIBILITIES OF THE CLUB TO THE BEST OF MY ABILITY.

I FURTHER UNDERSTAND THAT AS A MEMBER IN THIS ORGANIZATION, IT WILL BE MY RESPONSIBILITY TO GIVE MY SUPPORT, ENTHUSIASM, LABOR AND PARTICIPATION SO THAT THE CLUB MAY PROSPER AND EXPAND.

I FURTHER CERTIFY THAT I AM A CITIZEN OF GOOD REPUTE OF THE UNITED STATES OF AMERICA; THAT I AM NOT A MEMBER OF ANY ORGANIZATION OR GROUP HAVING AS IT'S PURPOSE , OR ONE OF IT'S PURPOSES, THE OVERTHROW BY FORCE OR VIOLENCE THE GOVERNMENT OF THE UNITED STATES OR ANY OF IT'S POLITICAL SUBDIVISIONS; THAT I HAVE NEVER BEEN CONVICTED OF A CRIME OF VIOLENCE AND THAT IF ADMITTED TO MEMBERSHIP, I WILL FULFILL THE OBLIGATIONS OF GOOD SPORTSMANSHIP AND GOOD CITIZENSHIP.

I HAVE RECEIVED A COPY OF AND AGREE TO ABIDE BY THE RANGE RULES.

SIGNATURE:_____ DATE:_____

*****OFFICE USE ONLY*****

VOTED BY EXECUTIVE COMMITTEE YES NO

DATE ACCEPTED:_____

INITIATION FEE:_____ DUES:_____