



CWSC MEMBERSHIP APPLICATION

Carolina West Shooting Club, PO Box 729, Nebo, NC 28761

APPLICANT INFORMATION		
Date:		
Name:		
Current address:		
City:	State:	ZIP Code:
	Home Phone:	Cell Phone:
EMPLOYMENT INFORMATION		
Current occupation:		
FAMILY STATUS		
Single:	Married:	Other:
Wife's name(if applicable):		
Names & Ages of dependent children:		
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		
NATIONAL RIFLE ASSOCIATION (ALL APPLICANTS MUST BE A MEMBER OF THE NRA)		
NRA Member Number:		Exp. Date:
Do you hold an NRA Range Officer Certification?		
Please list below (or back if necessary) all formal firearm training courses attended and qualifications obtained:		
PLEASE LIST YOUR SHOOTING PROFICIENCIES BELOW		
YOUTH SHOOTING PROGRAMS		
Would you be willing to train or coach or work with the CWSC Youth Shooting Programs?		
CWSC SPONSOR (ALL APPLICANTS REQUIRE SPONSORSHIP OF A CURRENT CLUB MEMBER IN GOOD STANDING.)		
Sponsor's Name:		



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BACKGROUND VERIFICATION			
NC Concealed Weapons Permit:		Copy Attached:	
NC Permit to purchase handgun:		Copy Attached:	
PERSONAL REFERENCES – 3 REQUIRED			
NAME	ADDRESS	OCCUPATION	TELEPHONE #
MILITARY SERVICE			
Are you a veteran?		Branch of Service:	
Years of Service:		Rank Obtained:	
Honorable Discharge?			
Have you ever been refused or been terminated as a member of a shooting club? YES/NO		Name of club:	
Are you presently a member of a shooting club? YES/NO			
SIGNATURES			
<p>ALL PERSPECTIVE MEMBERS MUST COMPLETE THE CWSC ORIENTATION TRAINING COURSE AS A CONDITION OF MEMBERSHIP. CLUB MEMBERSHIP REQUIRES PARTICIPATION IN A MINIMUM NUMBER OF WORKDAYS ANNUALLY UNLESS PHYSICALLY DISABLED. MONTHLY MEETING ATTENDANCE IS STRONGLY ENCOURAGED. CURRENT ANNUAL MEMBERSHIP DUES ARE \$150.00. THE ONE-TIME INITIATION FEE IS \$250.00.</p>			
<p>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION HEREIN IS ACCURATE AND <i>THAT I WILL CONFORM TO STANDARD OPERATING PROCEDURES AND CLUB BY-LAWS</i> OR MEMBERSHIP MAY BE DENIED OR REVOKED</p>			
<p><i>ALL INFORMATION IN THIS DOCUMENT WILL BE KEPT IN A CONFIDENTIAL MANNER</i></p>			
<p><i>Email address Please print legibly Need this to keep you informed of club news.</i></p>			
Signature of applicant:		Date:	
Signature of Sponsoring CWSC member:		Date:	
Club Action:	Date:	Fees Paid:	