

FIREARM TRAINERS LLC

Knowledge is Power



First Name: _____ Middle: _____ Last: _____

Phone: _____ Email: _____

Street Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____

Gender: _____ T-Shirt Size: _____

Firearm Make: _____ Firearm Model: _____

Ammunition: _____ NRA No. _____

NRA No. _____ USCCA No. _____

How did you hear about Firearm Trainers (Choose ONE Best Answer):

<input type="checkbox"/>	Facebook	<input type="checkbox"/>	NRA Website
<input type="checkbox"/>	Facebook/Instagram Ad	<input type="checkbox"/>	Roll Call
<input type="checkbox"/>	FTLLC Website	<input type="checkbox"/>	USCCA Website
<input type="checkbox"/>	Google Search		

What topics interest you most (Choose ONE Best Answer):

<input type="checkbox"/>	Gun Accessories/Gear	<input type="checkbox"/>	Safety
<input type="checkbox"/>	Guns	<input type="checkbox"/>	Shooting Fundamentals
<input type="checkbox"/>	Hygiene Habits	<input type="checkbox"/>	Traveling with Guns
<input type="checkbox"/>	Industry News	<input type="checkbox"/>	Upcoming Classes
<input type="checkbox"/>	Knowing the Law		
<input type="checkbox"/>	No Interest		

Why did you come to class today (Choose ONE Best Answer)?

<input type="checkbox"/>	Budding interest	<input type="checkbox"/>	It's a hobby
<input type="checkbox"/>	Court ordered/recommended	<input type="checkbox"/>	Past personal experience
<input type="checkbox"/>	Forced by a loved one	<input type="checkbox"/>	Learn how to protect myself/family
<input type="checkbox"/>	Guns are my passion	<input type="checkbox"/>	Scary world today