



Fredonia Town Shooting Club

PO Box 217, Fredonia, AZ 86022

Membership Application (Fee: \$25 Annually)

I, _____ hereby certify that I am a citizen of good repute of the United States of America, and that I am not a member of an organization or group having as its purpose or one of its purposes, the overthrow by force or violence of the United States of America or any of its political sub-divisions. Nor have I ever been convicted of a crime of violence. If I am admitted to membership, I will fulfill the obligations of good sportsmanship and of good citizenship and abide by the rules and regulations of the Fredonia Town Shooting Club. I have read, approved and signed below,

Date: _____ Signature: _____

Proposed Member Information (Please print the following):

Name in Full: _____
Date of Birth: _____ Age: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone – Home: _____ Cell: _____
N.R.A. Member: yes _____ no _____

Your membership includes your spouse and children. Children are defined as living at your home and under the age of eighteen years. Children **MUST** be accompanied by an adult (eighteen years or older) member on the Fredonia Town Shooting Club range at all times.

Proposed Member Family Information:

Spouse Name in Full: _____

Age: _____ N.R.A. Member: yes _____ no _____

Children:

Name: _____ Age: _____ N.R.A. Member: yes _____ no _____

Name: _____ Age: _____ N.R.A. Member: yes _____ no _____

Name: _____ Age: _____ N.R.A. Member: yes _____ no _____

Name: _____ Age: _____ N.R.A. Member: yes _____ no _____

Name: _____ Age: _____ N.R.A. Member: yes _____ no _____

Name: _____ Age: _____ N.R.A. Member: yes _____ no _____

Do Not Complete – for Board Use Only:

Application Approved: Yes _____ NO _____ Dues Amount Paid: \$ _____

Executive Board Member Signature: _____

