

SEITZLAND RIFLE CLUB, INC.
P.O. BOX 232
NEW FREEDOM, PA. 17349

Application is for 2 year conditional membership and requires 8 hours work each of the two years for renewal and full membership.

FULL NAME _____ DATE _____

ADDRESS _____ TOWN _____ STATE _____ ZIP _____

Phone() _____ Birth date _____ Age _____ Occupation _____
Email _____

GIVE TWO CHARACTER REFERENCES:

Name _____ Address _____

Name _____ Address _____

Signature of MEMBER in good standing (SPONSOR) who suggests your becoming a member of this organization. Sign _____

(Check one for status upon completion of conditional period)

Full Membership Associate Membership Junior

Associate = lives outside 20 mile radius of club, cannot hold office.

Are you a member of any rifle, gun, or hunting club? ___ If so, where _____

Your shooting interests: Small bore Rifle High Power Pistol Silhouette

Hobbies & Interests: _____

Skills that may help our club: _____

Have you ever done any shooting under the supervision of an instructor? If so, where?

Will you serve on club committees? _____ Would you hold office in the club, if nominated? _____

Are you a registered voter? _____

NRA MEMBER# _____ Renewal date: _____ or LIFE _____

Initiation Fee \$ _____ Membership fee \$ _____

MEMBERSHIP FEE INCLUDES INSURANCE COVERAGE.

TOTAL AMOUNT TO BE PAID UPON ACCEPTANCE OF THIS APPLICATION \$ _____.

- I WILL ABIDE BY ALL CLUB RULES, REGULATIONS, & BY-LAWS.

SIGNED _____

The Executive Committee Accepts Rejects this application. Date _____

President _____ Membership Secrty _____

Date of Interview _____ Date Dues Paid _____

Date of Orientation _____ Signature of Officer _____

(Rev. 11/07)