



Hamburg Rifle & Pistol Club, INC.

P.O. Box 12 Hamburg, PA. 19526

www.hamburg riflepistol.com



Membership Application

Date:

NRA Number:

NRA Expiration Date:

Name :

Date of Birth:

Address:

Phone Number:

Email:

Occupation:

Business Address:

Business Phone Number:

Fees

Initial Enrollment \$60.00

Total Amount due:

Check number:

I hereby make application to become a member of the Hamburg Rifle Pistol Club, Inc. of Hamburg, PA and pledge to abide with the club's rules and regulations governing said membership.

Applicant Signature:

Please print this form and bring to a meeting with a check for total fees or mail to the above address