



Hamburg Rifle Pistol Club Membership Application

Date:
NRA Number:

Name:

Address:

Home Phone:
Cell Phone:
Email:

Occupation:
Business Address:

Business Phone:
Date of Birth:

Fees
Initial Enrollment \$60
If not an NRA Member add (\$35)

Total:

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:

Proposed by:

*Please print form and bring to a meeting with check for initial fees