| CARMIR | AIFLE CLUB |
|---|--------------------------|
| MEMBERSHIP APPLICATION/MEMBER R | ECORD Date: |
| Last Name: | |
| First Name: | |
| Middle Name: | |
| Mailing Address: | |
| City, State & Zip Code: | |
| E-Mail Address: | |
| Home Phone: | |
| Cell Phone: | |
| N.R.A. Member YES NO | |
| In case of Emergency call | Phone# |
| Shooting Interest PistolRifleSho | otgunBlack PowderArchery |
| Occupation or Skills | |
| Why I want to belong to the Carmi Rifle Club, Inc. | |
| Would you be willing to help with Club functions and projects? YESNO | |
| SIGNATURE: | |
| (This information will not be released without your consent) | |
| We strongly urge our members to join the NRA | |
| Return application with a check for \$40.00 to: Carmi Rifle Club PO Box 65 Carmi IL 62821 | |

CARMI RIFLE CLUR