

SEITZLAND RIFLE CLUB INC.
P.O.BOX 232
New Freedom PA 17349

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

Name:	<input type="text"/>	Date:	<input type="text"/>				
Address:	<input type="text"/>	DOB:	<input type="text"/>	AGE:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Occupation:	<input type="text"/>	email:	<input type="text"/>				

Give two character references:

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Signature of **MEMBER** in good standing (**SPONSER**) who suggests your becoming a member of this organization:

Print Name	Signature	Phone Number
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Check one for status upon completion of conditional period:

Full Membership Family Membership Junior Member

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

Have you ever shot under the supervision of an instructor? If so, where?

Your shooting interest: Small Bore Rifle High Power Rifle Pistol Silhouette

Hobbies and interest:

Skills that may help our club:

Will you serve on club committees? Yes No Are you a registered voter? Yes No

If nominated would you hold an office in the club? Yes No

NRA Member # Renewal date: or Life Member:

Initiation Fee \$ Membership Fee \$

Membership fee includes insurance coverage.

Total amount to be paid upon acceptance of this application. \$

Signature _____ I understand that my membership will be terminated if they do not abide by all club rules, regulations and by-laws.

The Executive Committee Accepts Rejects this application. Date

President

Membership Secretary

Date of interview:

Date dues paid:

Date of orientation:

Club Officer