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: _____ Date: _____

Address: _____ DOB: _____ AGE: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Occupation: _____ email: _____

Give two character references:

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

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

_____ _____ _____

Print Name Signature Phone Number

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.

rev. 11/21