



Fort Harmar Rifle Club, Inc.

P. O. Box 475

Marietta, Ohio 45750

### Membership Application (2017) – Please Print

Applicant's Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If this is a family membership, please list all family member's names and birth-dates:

Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Are you:

A member of the NRA? Membership No: \_\_\_\_\_

An NRA Instructor? Pistol: \_\_\_\_\_ Rifle: \_\_\_\_\_ Shotgun: \_\_\_\_\_ Other: \_\_\_\_\_

A CHL Permit Holder? State: \_\_\_\_\_

Please check your areas of interest:

Rimfire Pistol: \_\_\_ Centerfire Pistol: \_\_\_ Rimfire Rifle: \_\_\_ Centerfire Rifle: \_\_\_ Shotgun: \_\_\_

Muzzleloading: \_\_\_ Reloading: \_\_\_ Hunting: \_\_\_ Instructing: \_\_\_ Concealed Carry: \_\_\_

Youth Activities: \_\_\_ IDPA: \_\_\_ 3 – Gun: \_\_\_ GSSF: \_\_\_ Silhouette: \_\_\_ Long Range Rifle: \_\_\_

What type of membership are you applying for:

Individual (\$75.00 + \$5.00 initiation fee)

Family ( \$ 100.00 + \$5.00 initiation fee – includes spouse and children under 18 )

Junior (\$15.00 + \$5.00 initiation fee –a special waiver must be signed by the junior's parent or guardian)

By signing below, I authorize the Fort Harmar Rifle Club to conduct such investigation as it finds necessary, including any Law Enforcement Agency chosen by the club, to provide any information relevant to my application for membership. If accepted into the Club, I agree to abide by its Constitution and By-Laws and uphold the ideals of the shooting fraternity as well as maintaining the right to keep and bear arms as guaranteed under the Constitution of the United States of America. In addition, I agree to conduct myself in a safe and proper manner while on Club Property and be a representative of the best interest of the Club and the Community. I also understand that I am responsible to work at least two (2) Club sanctioned events per year. I also understand that I shall return all Club property that I possess when I leave the Club.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Printed Name: \_\_\_\_\_

Application must be accompanied with the correct dues and fees.

Please make checks payable to Fort Harmar Rifle Club, Inc., and send to the above address.

Club Use Only:

Club Acceptance Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Orientation by: \_\_\_\_\_

Member Card # \_\_\_\_\_