



Fort Harmar Rifle Club, Inc.

P. O. Box 475

Marietta, Ohio 45750

Membership Application – Please Print

Applicant's Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Occupation: _____ Employer: _____

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

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

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 + \$15.00 initiation fee)
- Family (\$ 100.00 + \$15.00 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 # _____