



**Fort Harmar Rifle Club, Inc**

**P.O. Box 475**

**Marietta, OH 45750**

**Membership Renewal Form**

**(Please Print)**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are not going to renew membership(s), please return your membership card(s) to the club. Thank you.

If you have a family membership, please complete the following information to help us update our files. Family membership is limited to either the spouse of the regular member or an unmarried dependent whose permanent residence is that of the regular member and whose age is between eighteen (18) and twenty-five (25).

FAMILY MEMBER NAME	BIRTHDATE
_____	_____
_____	_____
_____	_____
_____	_____

**Please circle your renewal level below.**

Annual Individual Membership \$80.00

Annual Family Membership \$110.00

Five (5) Year Individual Membership \$300.00

Five (5) Year Family Membership \$400.00

Ten (10) Year Individual Membership \$600.00

**Make Check Payable To: Fort Harmar Rifle Club**

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Club Use Only:

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