

# Acushnet Rifle & Pistol Club Inc.

## Membership Application

P.O. Box 30070

Acushnet MA 02743-0070

Please print  
Do not write in shaded areas

NRA & Goal membership  
and Safety Course in last  
5 years are all mandatory

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City or Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

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

Pistol Permit # \_\_\_\_\_ Exp \_\_\_\_\_ Safety Course \_\_\_\_\_

NRA # \_\_\_\_\_ Exp \_\_\_\_\_ GOAL \_\_\_\_\_ Exp \_\_\_\_\_

I certify that I am a citizen of The United States of America and that I am not a member of any organization or group which has any part of its program the attempt to overthrow the Government of the United States or any of its political subdivisions by force or violence and that I have never been convicted of a crime of violence and if admitted to membership, I will faithfully endeavor to fulfill the obligation of good sportsmanship and good Citizenship. (Please initial this space and one of the following two) \_\_\_\_\_

I understand that the Acushnet Rifle & Pistol Club will occasionally hold work parties to improve and benefit the club. These work parties will not exceed 4 hours in time. I feel that I will be able to contribute my time in these work parties. \_\_\_\_\_

I would like to help but unfortunately need to decline for health and personal reasons. \_\_\_\_\_

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

**APPLICATION FEE OF \$100.00 (PAYABLE BY CHECK OR CASH) SHALL BE INCLUDED. THIS IS FOR: INITIATION FEE (\$50.00) + YEARLY DUES (\$50.00).**

Amount \_\_\_\_\_ Date Received \_\_\_\_\_