



# High Rock Shooting Association

## Membership Application



Date Rec'd:	Date Accepted:	Membership #:
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Please complete this application, signed as indicated, by yourself. *Incomplete or illegible forms will not be accepted.* This Association is a National Rifle Association affiliated club, but you are not required to be a member of the NRA. Membership in the NRA or other, similar organizations that promote Second Amendment Rights and shooting safety, is highly encouraged. Submission of this HRSA membership application does not constitute membership until accepted by a vote of the General Membership. You must be present at the meeting when your application is submitted to the club for review and to the General Membership for vote.

NAME:			
(First)	(Middle Initial)	(Last)	
ADDRESS:		U.S. Citizenship?	
CITY:	State:	Zip:	Date if Naturalized:
How Long at this Address?			
Birthdate:	Place of Birth:		Pistol Permit?
Current Home Phone:		Permit #:	
Current Cell Phone:		Expiration:	
Current Work Phone:		ext:	Drivers Lic #:
Email Address:		FFL?	
Current Employer:		FFL #:	
Address:		Expiration:	
City:	State:	Zip:	Membership/Other Organizations:
Supervisor:	Date Started:		

I certify that (1) I am neither under indictment for, nor have I been convicted of, a crime punishable by imprisonment for a term exceeding one year; (2) I am not an unlawful user of, nor addicted to marijuana or any other unlawful or restricted substance; (3) I am not a fugitive from justice; (4) I have not been adjudicated mentally defective and I have never been committed to a mental institution; (5) I have not been discharged from the Armed Forces of the United States under dishonorable conditions; (6) I am not an alien illegally in the United States; and (7) I am not a person, who having been a citizen of the United States, has renounced my citizenship.

I, the undersigned, hereby authorized HRSA, Inc. to inquire of any and all present and previous employers, Public or Government Officials or Agencies, or any other persons regarding my experience with firearms and my reputation and/or character. I agree to hold all such persons and/or HRSA, Inc. harmless with respect to any information they may give, hereby releasing them from any liability arising therefore. I understand that any information obtained by HRSA, Inc. shall be kept within the organization and may only be used in the determination as to my suitability as a member of the Association.

Applicant's Signature:

Date:

Secretarial Use Only:	Interview Date:	Acceptance Date:	
	Membership Number:		
Monies Rec'd:	Proc. Fee: \$	Rec'd Date:	Check # / Cash :
	Annual Dues: \$	Rec'd Date:	Check# / Cash :
	First Dues Period Ending:		
HRSA Review:	Favorable	Non-favorable	Report Attached? Yes / No
Official Signature:		Title:	
Official Signature:		Title:	
Official Signature:		Title:	



# High Rock Shooting Association



## Membership Application Applicant's Responsibilities

In your application process, you will submit a **\$150.00 fee**, required for consideration. This includes training, membership materials, and background check.

As with all members, you will perform **two range duty shifts per calendar quarter**. Saturdays have both a morning and afternoon shift; Sundays have just the afternoon shift.

As with all members, you will be attend **at least eight regular meetings** each calendar year. Meetings are held on the first Wednesday of each month.

In addition to your participation as described above, you will **complete ten hours of service** to the club. Such service can be in assisting the Junior Club, volunteering for special events, joining in range improvement events, or in picking up extra range duties beyond the two required. Probationary members may also develop an independent range improvement project, subject to the approval of the Executive Committee.

When accepted into the club by vote, your membership is probationary for the first twelve months. You will then submit your first year's **membership dues of \$50**.

You must complete the following milestones during your first four months of your probationary period or your membership may be revoked ....

- 1 You must complete your Range Officer training (at which time you will receive your range box key.)
- 2 You must cover **two** shifts of range duty.
- 3 You must complete the first **four** hours of your ten hour additional service project.
- 4 You must attend at least **three** of the four regular monthly meetings.

I have read and understood that these requirements are to be completed to the satisfaction of the HRSA Membership Committee so as to be admitted as a full General Member of the Association. Failure to do so within the Probationary period as specified may result in my termination from the Association.

Applicant's Signature:

Date:

Please mail this *legibly* completed form to:

HRSA

Post Office Box 1914

Naugatuck, Conn. 06770

Attn: the Membership Committee