

# General Membership Application (v2.3.25)

Please complete this application and sign. ***Incomplete or illegible forms will not be accepted.***

Submission of this form does not constitute membership until accepted by a vote of the General Membership.

*\* Indicates required question*

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1. Name, first and last (mem # ) \*

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2. Phone number \*

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3. Date of birth \*

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*Example: January 7, 2019*

4. Email \*

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5. Home Address (# Street, Town/City, State) \*

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6. Pistol Permit #, Expiration \*

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7. Driver's License (#, Issuing State) \*

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8. Current Employer, Work Address, Phone Number & Supervisor's Name \*

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9. Emergency Personal Contact and Phone Number

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### Applicant Statement

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.

10. Applicant's Signature \*

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