MOLALLA RIFLE CLUB

P.O. BOX 696 MOLALLA, OR 97038 mrc@molallarifleclub.org

MEMBERSHIP APPLICATION FORM

(Print or type)	(first)	(middle)	(last)	
FULL NAME:				Date:
ADDRESS:				
CITY/STATE/ZIP:				
PHONE:	E-MAIL ADDRESS:			
OCCUPATION:	EMPLOYER:			
Type of shooting allowe	ed at range	e: Rifle - Hand	gun – Black Powe	der
NRA OR OTHER PRO 2 those you support eith				IGLY ENCOURAGED. List
Are you: Military, Activ Law Enforcem Please list any formal f	ent, Curre	ent or Retired Y	Y N	
Explain, briefly, why you w	ish to be a m	nember of the Mo	lalla Rifle Club:	
organization or group havin government of the United S	g as its' pur tates or any o	pose or one of its of its' political su	' purposes, the overthe bdivisions; that I have	t; that I am not a member of any hrow by force and violence of the ve never been convicted of a crime of good sportsmanship and good
Applicants Signature			Recommende	ed by:
Initiation fee (New member Annual Dues:\$65.00			s range cleanup fee: \$ 1ember & Spouse A	
	to be compl	eted or paid at the	-	er year prorated from date of membership at the rate of 1 hour
		•	•	ng mid-year. Dues and Fees are <i>pplicants must attend a members</i>