

CATAWBA VALLEY RIFLE & PISTOL CLUB, INC.

Application for Membership

Applicant Information:

(Please print)

Name: First: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Marital Status: _____ Spouse's Name: _____

Blood Type: _____ Physical Disabilities: _____

Military Service: _____ Type of Discharge: _____ Military Rank: _____

Are you a United States citizen? _____

Have you ever been convicted of a felony? _____

List the organizations of which you are a member: _____

NRA Membership (Check One) Annual: _____ Life: _____ NRA Membership No.: _____

Do you have any type of firearms instructor rating? _____ If so, what? _____

List 3 current club members as sponsors: (required*)

(1) _____ Years known: _____

(2) _____ Years known: _____

(3) _____ Years known: _____

***Please note that ALL sponsors MUST be present at time of membership vote.**

A copy of a current, active **CCW permit, -OR- handgun purchase permit, -OR- background check** from the sheriff's department or local LEO from the county of residence of the applicant is required as part of the membership application process.

Please acknowledge this requirement by initialing here: _____

Emergency Contact Information: (In event of injury)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Membership Pledge: I hereby 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 as any of its program; the attempt to overthrow the government of the United States of America or any of its political subdivisions by force or violence; that I have never been convicted of a crime of violence; and if admitted to membership, I will faithfully endeavor to fulfill the obligations of good sportsmanship and good citizenship.

Meetings Dates Attended:

(1) _____ Verified: _____

(2) _____ Verified: _____

(3) _____ Verified: _____

Date of walk around _____

Date voted into membership: _____

Applicant's Signature

Date: _____