

Altoona



RIFLE & PISTOL CLUB

Club Application for ASSOCIATION MEMBERSHIP

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

_____ Zip Code: _____

Phone Number: _____ Alternate Number: _____

Birthdate: ____ / ____ / ____ Age: _____

Email Address: _____

Check here if you **DO NOT** wish to receive our **once** monthly email Newsletters.

*I pledge allegiance to the flag of the United States of America
and to the republic for which it stands, one nation,
under God, indivisible, with liberty and justice for all.*

I certify that I am a citizen of the United States; that I am not a member of any organization which has any part of its program to overthrow the government of the United States by force or violence; that I am not a drug addict nor a fugitive from justice; that I have never been convicted of a crime of violence and that if admitted to membership I will fulfill the obligations of good sportsmanship and good citizenship.

Applicant Signature: _____ Date: _____

- Annual Association Adult Membership Fee..... \$35.00
- Annual Association Junior Membership Fee (*Age 16 and under*)..... \$5.00

Check or money order made payable to:
ALTOONA RIFLE & PISTOL CLUB

Please mail this application with your membership fee to:

- ALTOONA RIFLE & PISTOL CLUB
- P.O. BOX 383
- ALTOONA, PA 16603

Once processed, we will mail a membership card and gate code to the address you've provided on this application.

Thank You!

www.AltoonaRifleAndPistolClub.com

*Don't forget to "like" us on Facebook
for up to date club info and events!*

