

MEMBERSHIP APPLICATION / RENEWAL--- SOUTH FORK RIFLE CLUB

NAME _____

ADDRESS _____

CITY / STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE-HOME _____ WORK _____ AGE _____

NRA MEMBER (circle 1) YES NO

BY SIGNING THIS APPLICATION FOR MEMBERSHIP, I AGREE TO FOLLOW ALL RULES, REGULATIONS, AND BY-LAWS OF THE SOUTH FORK RIFLE CLUB. I ALSO CERTIFY THAT I HAVE NOT BEEN CONVICTED OF A CRIME THAT WOULD PROHIBIT ME FROM CARRYING A FIREARM.

APPLICANTS SIGNATURE _____ DATE _____

NEW MEMBER \$ **35.00** circle one of these CURRENT RENEWAL \$ **30.00**
(**Must** have been paid previous year)

Membership expires on Dec 31st.

Mail To:
SFRC
Box 274
Cresson, Pa. 16630

* Enclose self-addressed stamped envelope. Thank You.