

PENINSULA RIFLE AND PISTOL CLUB

P.O. Box 895 Port Angeles, Washington 98362
peninsula.r.p.club@gmail.com

NEW MEMBER APPLICATION

Annual Dues: Regular Member \$100.00 Family Membership \$125.00 Dues are from January to January (prorated 50% after July 1st)

Membership Requirements: Any lawful citizen of the United States, over the age of 21, may become a member upon after subscribing to and signing the pledge, reading and adhering to Range Rules, payment of the dues and attending a PRPC membership meeting and a vote of the Executive Committee.

Mail payment, application, concealed permit copy and photo ID to above PO Box.

Membership Pledge: "I certify that I am a lawful citizen of the United States of America; that I am not a member of any organization or group having as its purpose or one of its purposes the overthrow by force and violence the Government of the United States or any of its political subdivisions; 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."

Name

Date of Birth

Street Address

Phone

City State Zip Code

Concealed Carry Number or other form of background check

E-Mail Address

Expiration

Signature

Date

SPOUSE & NEXT OF KIN INFO (Family members may include spouse/significant other, and minor children residing in same residence)

Name (spouse if paying for family)

Date of Birth

E-Mail address

Phone

Concealed Carry Number or other form of background check

Expiration

Signature (spouse)

Date

EMERGENCY CONTACT (Name & Relationship)
CONTINUE ON OTHER SIDE

PHONE

ADMIN ONLY

	DATE		DATE		Initial		Initial
1. App Complete	[]	4. CPL	[]	Pres	[]	Secretary	[]
2. Payment	[]	5. Meeting	[]	VP	[]	Treasurer	[]
3. Photo ID	[]	6. Badge	[]	Exec	[]	Security Officer	[]

_____ Date Completed	_____ Amount Received	_____ Board Approved	_____ Membership Card (s)	_____ Data Base Entry	_____ Mailing List	_____ RSO Qualified
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Family Membership with Children under the age of 18 / 21

Name of Father and Mother:

Name of each Minor Child that will shoot and/ or will be in the building.

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Signature of Father and / or Mother

_____ Date _____

Shooting Experience & Interests (please check all that apply):

Experience

- New Shooter – Never Shot Before
- I feel uncomfortable with a gun
- Some Shooting Experience
- Expert Shooter
- Indoor Range
- Outdoor Range
- Military
- Law Enforcement Officer
- Scouts/Family

Interests

- Self Defense
- CCW (Concealed Carry)
- Home Protection
- Sport
- Casual Target Shooting
- Competition
- Other/Familiarization/Fun Practice
- Looking for Basic Training
- Looking for CCW Training
- Training/Instructor
- Reloading

Comments: _____

I am a certified firearms trainer: _____