

NEW BEDFORD REVOLVER & RIFLE CLUB

246 Bolton Street New Bedford, Massachusetts 02740-1020

(PLEASE PRINT OR TYPE ALL INFORMATION)

NAME:	PHONE _		DATE:	
ADDRESS:	CITY	ST	ZIP	
E-MAIL ADDRESS:	•			
OCCUPATION:	DATE OF	BIRTH		
NAME AND ADDRESS OF YOUR P	RESENT EMPLOY	ER:		
<u> </u>	SPORTING ORGANIZA	TIONS		
NATIONAL RIFLE ASSOCIATION	? Y() N() I	F MEMBER, MEMBI	ERSHIP #	
GUN OWNERS ACTION LEAGUE?	Y() N()	F MEMBER, MEMB	ERSHIP#	
OTHER SPORTING ORGANIZATION (APPLICATIONS ARE AVAILABLE A		A.L. AND NRA)		
A VALID LICENSE TO CA	RRY FIREARMS IS	REQUIRED TO BE A	<u>MEMBER</u>	
PERMIT # EX	PIRATION DATE	CLASS		
PLEASE LIST THREE (NON FAMII) NAME			Y CONTACT: NUMBER	
				
	DI EDZE			
I certify that I am a citizen of the United Sta program the attempt to overthrow the governm of a crime of violence, and that if admitted to m citizenship, and obey the by-laws, rules, and reg	ent of the United States b embership I will fulfill the	y force or violence, that I ha e obligations of good sportsn	ve never been convicted anship and good	
SIGNATURE:	PRINTED	DAT	E:	
AFTER APPLICANT HAS PASSED TURNED IN WITH DUES	THE SAFETY CO	URSE (3) THREE PHO	OTOS MUST BE	
SAFETY COURSE COMPLETED:	SIGNATU	RE OF SAFETY OFF	ICER	
DUES RECEIVED BY:		AMOUNT		
FI ECTED INTO CLUR ON	MEMBER#	MAC KEV CADI	n u	