

**CARMI RIFLE CLUB, INC**

**MEMBERSHIP APPLICATION/MEMBER RECORD**

**Date:** \_\_\_\_\_

**Last Name:**

**First Name:**

**Middle Name:**

**Mailing Address:**

**E-Mail address:**

**Home Phone:**

**Cell Phone:**

**N.R.A. Member**      **YES**\_\_\_\_      **NO**\_\_\_\_

**In case of Emergency call** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Shooting Interest**      **Pistol** \_\_ **Rifle** \_\_ **Shotgun** \_\_ **Black Powder** \_\_ **Archery** \_\_

**Occupation or Skills**

**Why I want to belong to the Carmi Rifle Club, Inc.**

**Would you be willing to help with Club functions and projects?**    **YES** \_\_    **NO** \_\_

**SIGNATURE:** \_\_\_\_\_

*(This information will not be released without your consent)*

**We strongly urge our members to join the NRA**

**Return application to with a check for \$35.00 to :** Carmi Rifle Club  
Box 65  
Carmi, IL 62821