

Ohio-Penn Rifle League, Inc.

Year _____
Application for Membership

PLEASE PRINT

Name: _____

Street: _____

City _____

State: _____

Zip Code: _____

Area Code and Phone number: _____

E-Mail Address: _____

DOB: _____

NRA Number: _____

NRA Classification: (F) _____, (LR) _____, (MR) _____, (NMC) _____

I certify that I am a citizen of good repute of the United States of America; that I am not a member of any organization or group having as its purpose the overthrow by force or violence of 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.

Date of Application: _____

Applicants' Signature: _____

Signature of Parent or Guardian of Applicant UNDER 19 YEARS OF AGE:

Annual Application Fee \$32.03

Make checks payable to:

Ohio-Penn Rifle League, Inc.

Mail Application To:

Kim Rowe, Secretary

Ohio-Penn Rifle League, Inc.

P. O. Box 53

Wadsworth, OH 44282