

MUSKEGON PISTOL AND RIFLE CLUB, INC.
SINCE 1929

NAME: _____ **DATE:** _____

STREET: _____ **CITY:** _____ **ZIP:** _____

PHONE: _____ **AGE:** _____ **DATE OF BIRTH:** _____

EMAIL ADDRESS: _____

WHAT ARE YOUR SHOOTING INTERESTS? _____

NRA MEMBER? _____ **NRA MEMBERSHIP NUMBER:** _____

SPONSORING MEMBER'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

APPLICATION FEE REC'D: \$ _____ **BY:** _____ **DATE:** _____

BOARD ACTION: _____