

LAND OF LEGEND RIFLE & PISTOL CLUB

An NRA Affiliated Club

Application For Membership

Name: (If family membership, include names) _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

e-mail address: _____ Phone _____

Birthday month _____ day _____ year _____

Occupation: _____

Membership in the National Rifle Association is required to join LLRPC.

NRA Membership Number _____ Expiration date _____
(or life member)

Sponsor (member for at least 1 year) _____

Dues: \$30 per year member, \$45 for family membership, which includes spouse and dependent children. A parent or guardian must supervise minors.

Dues period runs from May 1 through April 30. Date paid. _____

New member joining after Aug. 15 pays ½ the above dues. Amount paid. _____

I declare that I am a Law Abiding Citizen of Sound Mind, and I subscribe to the Principles and Objectives of the Land of Legend Rifle & Pistol Club and the United States of America.

Signature: _____ Date: _____