

Date received

\_\_\_\_\_

Alexander City Shooting Club  
Membership Application

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Membership NRA # \_\_\_\_\_

Type NRA Membership Annual or Life

Sponsor \_\_\_\_\_

(must be a club member in good standing)

Email Address \_\_\_\_\_

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Club use only

Approved or disapproved \_\_\_\_\_

Date \_\_\_\_\_

Dues and Ins. \_\_\_\_\_

Key # \_\_\_\_\_