



Hamburg Rifle & Pistol Club, INC.

P.O. Box 12 Hamburg, PA. 19526

www.hamburg riflepistol.com



Membership Application

Date: _____

NRA Number: _____ NRA Expiration Date: _____
(not required however if you are an NRA member please provide the above info)

Name : _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Occupation: _____

Business Address: _____

Business Phone Number: _____

Fees

Initial Enrollment \$60.00

Total Amount due: _____

Check number: _____

I hereby make an application to become a member of the Hamburg Rifle Pistol Club, Inc. of Hamburg, PA and pledge to abide with the club's rules and regulations governing said membership.

Applicant Signature: _____

Please print this form and bring to a meeting with a check for total fees or mail to the above address