

Daisytown Sportsmen's Club
Membership Form

NAME: _____

FULL ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

OCCUPATION: _____

E-MAIL ADDRESS: _____

NRA MEMBER NO.: _____

DRIVER'S LICENSE NO.: _____

Conceal Carry Permit # _____ Active Military ____ L/E ____

PA State Police Check ____ For (18 – 21) year old members # _____

DO YOU CURRENTLY HAVE A PFA

OR RESTRAINING ORDER AGAINST YOU?: Yes ____ No ____

I would be available to help with:

Trap Shoots ____ Rifle, Pistol Range ____ Indoor Leagues ____ Grounds Keeping ____

Construction ____ Maintenance ____ Kitchen ____ Other ____

I agree to follow all Federal and State Firearms laws and Club Rules and understand my membership may be revoked if I violate these rules. I understand that to be a member in good standing, I must help in the maintenance and improvement of the club.

I acknowledge that I have read and understand the club rules and agree to be bound by them while on club property.

Signature: _____ Date: _____

Membership Chairman: _____ Date: _____