

# LAKE ISLAND RIFLE & PISTOL CLUB

CARTERET, NEW JERSEY 07008  
MEMBER NATIONAL RIFLE ASSOCIATION

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## Membership Application

Personal Information

E-mail \_\_\_\_\_ Firearm I.D. # \_\_\_\_\_ N.R.A. I.D. # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Init.

Street Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employment Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

In Case of Emergency Call: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

How did you hear about our club? \_\_\_\_\_

What type of shooting are you interested in? \_\_\_\_\_  
\_\_\_\_\_

Who will be your sponsor? \_\_\_\_\_

Do you have any physical problems? Hearing? \_\_\_\_\_

Vision? \_\_\_\_\_

Other problems: \_\_\_\_\_

Application (continued)

Qualifications, citations, awards, coursed, etc. \_\_\_\_\_

1. Hunter safety? \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_

4. \_\_\_\_\_ Date: \_\_\_\_\_

5. \_\_\_\_\_ Date: \_\_\_\_\_

6. \_\_\_\_\_ Date: \_\_\_\_\_

Statement: "I certify that I am a citizen of the United States of America and that I am not a member of any organization or group which has as any part of its program the attempt to overthrow the government of the United States or any of its political subdivisions by force or violence; that I have never been convicted of a crime of violence, and if admitted to membership, I will faithfully endeavor to fulfill the obligations of good sportsmanship and good citizenship and to live up to the constitution and by-laws of the club."

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**Do not write below this line**

**Range qualification**

Date of qualification test? \_\_\_\_\_

Knowledge of gun safety? \_\_\_\_\_

Knowledge of club safety rules? \_\_\_\_\_

Caliber of guns used to qualify: .22                      .38                      .45                      other \_\_\_\_\_

Range officer's remarks: \_\_\_\_\_

Date of acceptance \_\_\_\_\_