



# Ashland Gun Club

Practical Shooting Division



## New Member Application

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ NRA Member (circle one): Yes / No

USPSA Number: \_\_\_\_\_

Please be specific in answering the following questions, your responses will be vital in the approval process.

Reasons for applying for membership:

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Ways the club will benefit from my membership:

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**IN ORDER TO BE GRANTED A MEMBERSHIP INTO THE ASHLAND GUN CLUB, YOU MUST BE SPONSORED BY A CURRENT ACTIVE MEMBER.**

BY SIGNING THIS I, \_\_\_\_\_ AM STATING THAT THE PROPOSED NEW MEMBER WILL BE AN ACTIVE COMPETITOR AND WORKER, AND CAN ONLY IMPROVE THE WELL BEING OF THE CLUB.

SPONSOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_