

# Ohio-Penn Rifle League, Inc.

## Application for Membership or Renewal

PLEASE PRINT INFORMATION CLEARLY!

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

Street: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Area Code and Phone number: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**NRA Number:** \_\_\_\_\_

**NRA Classification:** (F) \_\_\_\_\_, (LR) \_\_\_\_\_, (MR) \_\_\_\_\_, (NMC) \_\_\_\_\_

I certify that I am a citizen of good repute of the United States of America; that I am not a member of any organization or group having as its purpose the overthrow by force or violence of the Government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence; and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

**Date of Application:** \_\_\_\_\_

**Applicants' Signature:** \_\_\_\_\_

**Signature of Parent or Guardian of Applicant UNDER 19 YEARS OF AGE:**

\_\_\_\_\_

Applicants' date of birth: \_\_\_\_\_

Applicants' age: \_\_\_\_\_ (TO DETERMINE SPECIAL AWARD ELIGIBILITY)

Mail Application To:

Kimberly Rowe  
Ohio-Penn Rifle League  
P. O. Box 53  
Wadsworth, OH 44282  
Email: Secretary@AllianceRifleClub.us