



Howell Gun Club Membership Application

Full Name: _____ Home Phone: _____

Street Address: _____ Mobile: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Birth Date: ____/____/____

Email Address: _____

NRA Membership: ☐ Annual ☐ Life ☐ No ☐ RSO ☐ Instructor

CPL Holder: ☐ Yes ☐ No

Shooting Interests

- | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Trap | <input type="checkbox"/> Archery | <input type="checkbox"/> 5-Stand | <input type="checkbox"/> Sporting Clay | <input type="checkbox"/> Black Powder |
| <input type="checkbox"/> High-Power | <input type="checkbox"/> Small-Bore | <input type="checkbox"/> Silhouette | <input type="checkbox"/> Bulls Eye | <input type="checkbox"/> Steel Challenge |
| <input type="checkbox"/> PPC | <input type="checkbox"/> IDPA | <input type="checkbox"/> IPSC | <input type="checkbox"/> Target Shooting | <input type="checkbox"/> USPSA |

DECLARATION

I certify that I am an American Citizen, 18 years of age or older and have no criminal record. I further certify that I am not a member of an organization which includes in its program, an effort to overthrow the Government of the United States by force. I will, if admitted to the membership, abide by the Constitution of the United States and the By-Laws of the Howell Gun club.

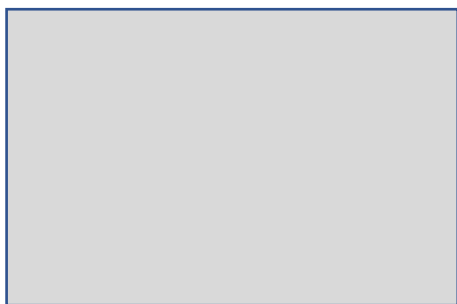
Signature: _____ Date: _____

APPLICATION NOT VALID UNLESS ENDORESED BY TWO MEMBERS IN GOOD STANDING **OR THE CANDIDATE HOLDS A VALID CPL LICENSE. CPL # _____**

CPL Expiration Date: ____/____/____

Name: _____ Signature: _____ Member ID # _____

Name: _____ Signature: _____ Member ID # _____



Mail Application to:
Howell Gun Club
P. O. Box 53
Howell, MI. 48844

Include with application a \$10.00
non-refundable application fee,
check, money order or cash.

Questions or Concerns Please email:

Membership@HowellGunClub.org