



## 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

☐ Trap ☐ Skeet ☐ 5-Stand ☐ Sporting Clay ☐ Black Powder

☐ High-Power ☐ Small-Bore ☐ Silhouette ☐ Bulls Eye ☐ SASS

☐ PPC ☐ IDPA ☐ IPSC ☐ Target Shooting ☐ GSSF

### 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.

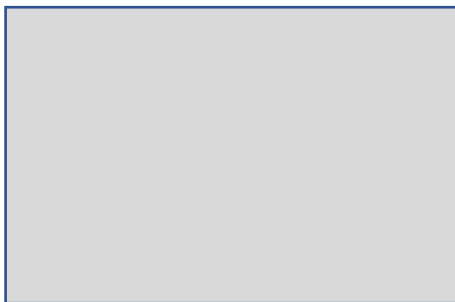
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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](mailto:Membership@HowellGunClub.org)