Southwest Louisiana Rifle & Pistol Club, Inc.

Affiliated with the National Rifle Association
And the Louisiana Shooting Association

P.O. Box 5655
Lake Charles, LA 70605

APPLICATION FOR MEMBERSHIP

DATE _____

Please print very clearly. The Club's primary method of communication is via email. Please print your preferred email address very clearly.

Name _____ **U.S. Citizen? Yes No**

Email Address _____

Address _____

City, State, Zip _____

Phone: Mobile _____ **Home** _____

Occupation _____

Employer _____

NRA Membership # _____ **Expiration Date** _____ **or Life**

Initiation Fee	**$** _____
Pro-rated Dues for Fiscal Year ending May 31_____	**$** _____
Dues for next Fiscal Year ending May _____	**$** _____
If you are not a current NRA member, include	**$** _____
(Club rules require NRA membership)	
Total amount enclosed	**$** _____

Sponsor _____

_____
Signature of sponsor Date

I swear or affirm I may purchase a firearm from a Federally Licensed Firearms Dealer and may legally own or possess a firearm in the United States under Federal, State and Local laws. Additionally, I swear or affirm that all of the facts set forth in this membership application are true and correct.

_____
Signature of applicant Date

FOR CLUB USE ONLY

Paid: Cash _____ Check_____ Date _____

NRA Sent _____

Checked Out _____

Card Sent or Given _____

First Meeting Attended _____

Second Meeting Attended _____

Voted In _____