

Application for Membership
Silver City Gun Club
P.O. Box 2611 Meriden CT 06450
203-235-3954

Full Name: _____ Email Address: _____
Address: _____ City: _____ State/ZIP: _____
Phone: (Day) _____ (Evening) _____
Occupation: _____ Employer: _____
Date of Birth: _____ Birth Place: _____

Are you a U.S. Citizen? () Yes () No

Do you have a CT Pistol Permit? () Yes () No

Are you an NRA member? () Yes () No

Permit #: _____ Expires: _____

Member #: _____ Expires: _____

Have you ever been convicted of a felony?

() No () Yes, explain _____

Have you ever been convicted of a crime of violence, or a crime involving a firearm or weapon?

() No () Yes, explain _____

If accepted for membership, are you willing / able to take part in club activities? () Yes () No

What are your shooting interests (check all that apply)?

() Casual () Competition Pistol () Smallbore Rifle () Air Pistol / Rifle

() Other _____

To help us evaluate your skill level, briefly describe your experience handling firearms.

Silver City Gun Club has several certified instructors. Is there some area in firearms handling in which you would like additional instruction?

() Safety () Shooting Fundamentals () Competition Shooting () CT Pistol Permit Course

() Other _____

Please provide three references (name, address, phone #). Do not list your sponsor or relatives.

1) _____ () _____

2) _____ () _____

3) _____ () _____

How did you learn about Silver City Gun Club?

I certify that all the information contained herein is true and correct. I acknowledge that Silver City Gun Club, Inc. may conduct a background check through local and state police. I agree to abide by all the rules and regulations of Silver City Gun Club, Inc.

Signature: _____ Date: _____

FOR CLUB USE ONLY

Placed on waiting list ____ / ____ / 20 ____

Accepted for Membership ____ / ____ / 20 ____

Denied Membership ____ / ____ / 20 ____

Sponsor Signature: _____

Date: _____