RICHMOND BORO GUN CLUB
RIFLE, PISTOL & ARCHERY
4775 ARTHUR KILL ROAD
STATEN ISLAND NY 10309
Application for Associate Membership

All requirements must be completed within one year from date of application.

Information must be printed clearly. Please answer all questions.

Four (4) Photo Required 1 ½ X 1 ½

Personal information:

Name: _____ _____ _____ **Date:** _____
(Last) **(First)** **(Mid)**

Address: _____ _____ _____ _____
(Street & #) **(City)** **(State)** **(Zip)**

Home Tel: ___(_____) _____-_____ **E-MAIL ADDRESS:** _____

Date of Birth: _____ **Place of Birth:** _____ **Citizen of the USA?** _____
Yes/No

Height: ____ft ____in **Weight:** _____lbs **Color of Hair:** _____**Color of Eyes:** _____ **Gender:** _____
M/F

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND SUPPLY ALL INFORMATION.

Are you an NRA member? _____ **NRA Number:** _____
Yes / No

Rifle/ Shotgun Permit #: _____ Exp Date _____

Handgun License #: _____ Type _____ Exp Date _____

I have read the rules governing application for membership and understand and will abide by them.
I hereby verify that the above information is true and that I am ***not*** a member of any organization or group pledged to, or working for, a program that advocates the overthrow of the GOVERNMENT OF THE UNITED STATES OF AMERICA BY FORCE OR VIOLENCE.

SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY THE MEMBERSHIP COMMITTEE

APPLICATION RECEIVED DATE_____ REVIEWED BY_____

Application Check #_____ BANK_____ CASH _____

ASSIGNED ID #_____ _____
DATE VOTED IN OR REJECTED

Action taken by executive committee_____