

Phillipsburg Pistol Club, Inc.
P.O. Box 836 – Phillipsburg, NJ 08865 – 908-454-1232

MEMBERSHIP APPLICATION FOR 2012

INSTRUCTIONS:

1. Complete a **SEPARATE** Membership Application for **EACH** family member.
2. NRA membership for the Primary Member is required.
3. Existing Members: Complete this application, in full, and either come to the range any Thursday evening or mail it **to the address above** with the applicable dues and a copy of your NRA membership card. Include a standard size self-addressed/stamped envelope so your new membership card can be mailed to you.
4. Applicants: Complete this application and attend an orientation session. These sessions are offered every Thursday evening at 7:00 PM. Applicants should bring their own firearm, ammunition, eye & ear protection. Upon successful completion of this session, dues will be collected and membership credentials issued.

FEES: (includes 7% New Jersey sales tax, where applicable)

Dues – Primary Member.....	\$65.00
Dues – Spouse of a Primary Member.....	\$25.00
Dues - Junior (ages 10 to 17).....	\$10.00
Initiation Fee (for new Primary Member only).....	\$90.00
Key-Fob Refundable Deposit (for each key-fob issued).....	\$15.00
Key-Fob Reactivation Fee (applies only if inactive for over one year).....	\$15.00
NRA Membership Dues (if not already an NRA member).....	\$35.00
Work Party Assessment.....	\$35.00

CHECK APPROPRIATE BOX BELOW:

New Member
 Renewal Member
 Spouse*
 Junior Member*

*If Spouse or Junior membership application, provide Primary Member's name _____

COMPLETE ALL ITEMS BELOW:

NAME		TELEPHONE NO.	
STREET		CITY	
STATE	ZIP CODE	OCCUPATION	
DO YOU QUALIFY FOR A WORK PARTY EXEMPTION? NO YES		IF YES, PLEASE EXPLAIN ON BACK	
NRA MEMBER NO.		EXPIRATION DATE	
N.J. FIREARMS ID CARD, CCW, LAW ENFORCEMENT ID NO., OR NICS CHECK		DATE	
E-MAIL ADDRESS		DATE OF BIRTH	
SIGNATURE		DATE	

CLUB OFFICER USE ONLY:

TOTAL PAID	CHECK NO.	CASH	DATE PAID
CLUB OFFICER'S NAME (PRINT)	SIGNATURE		KEY-FOB NO.
ORIENTATION PROGRAM & CREDENTIALS ISSUED	DATE	COMPLETED BY	

**Phillipsburg Pistol Club – Membership Application
Part Two**

Completion Necessary for Current Members and New Applicants

SAFETY STATEMENT

Are you thoroughly familiar with the firearm(s) that you will be firing?
YES NO (Check one)

GUEST SHOOTERS' RESPONSIBILITY STATEMENT

I _____ know my guest is familiar with their firearm(s), and I assume full responsibility for their actions. I will provide the necessary information with respect to our range procedures and safety rules. In addition, I certify that I am familiar with the use and safe handling of any firearm either I or my guest bring to the club. I further state that I will ascertain that my guest(s) is/are also fully knowledgeable regarding the safe handling and use for the firearm they will be using.

RELEASE STATEMENT

I, the undersigned, fully understand that the club activities I am about to engage in is inherently dangerous and that it involves the use of firearms. As a result I could be seriously injured or killed by my actions or the actions of others. Despite this full knowledge, I want to either join or renew my membership. I further acknowledge and understand that prolonged participation in any shooting activity could result in an unhealthy exposure to lead. I agree to hold the Phillipsburg Pistol Club, its officers and trustees, harmless in the event that I am injured or killed. In addition, I further understand that if I leave the club for any reason and do not return my key-fob within one year from the time of resignation or non-renewal, I forfeit any deposit paid.

APPLICANT:

Signature

Date

WITNESS:

Signature

Date

**Phillipsburg Pistol Club – Membership Application
Part Three**

Completion Necessary for New Applicants Only

- I. Are you a current, former, or retired member of any federal, state, county, or local law enforcement agency? YES NO (Check one)
If yes, please attach a photocopy of your credentials.

- II. Have you taken a firearms training or safety course? YES NO (Check one)
If yes, please attach a photocopy of documentation memorializing successful completion.

- III. If you answered NO to both of the above questions, are you willing to attend a firearms safety course given by PPC? YES NO (Check one)

- IV. Certification

I, _____ certify that I am not now and have never been a member of any organization, which advocates the overthrow of the United States Government or that I have not been convicted of any crime, which under current New Jersey and Federal statutes would prohibit me from the legal ownership or possession of a firearm.

That I am at least eighteen years of age (Primary Member) and legally reside in the United States. I understand that junior members must be at least ten years of age but less than eighteen years of age and that all junior members must be sponsored by a parent, grandparent, or legal guardian holding a current membership.

I understand that if I checked no to questions one and two above that my membership will be “provisional” with access to the facilities limited to times when a range safety officer, certified pistol instructor, club officer or trustee is on the premises; days and times are subject to change. Upon successful completion of an approved safety course, I will become a “general member” with access to the facilities 365 days a year between the hours of 8:00 a.m. and 10:00 p.m.

I further understand that if anything contained in this application is proven false, I will be subject to immediate forfeiture of membership without refund of any dues and fees paid.

APPLICANT:

Signature Date

PARENT/GUARDIAN:

Signature Date

WITNESS:

Signature Date