

OLD TRAILS RIFLE & PISTOL CLUB, INC. APPLICATION FOR MEMBERSHIP

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Day Phone (_____) _____

Night Phone (_____) _____

Date of Birth _____ / _____ / _____

I here by certify that I am a citizen of the United States, of good moral character, that I have never been convicted of a crime of violence and that if admitted to membership I will fulfill the obligation of good sportsmanship and good citizenship and will abide by the by-law's of Old Trails Rifle & Pistol Club, INC.

Answer Yes or No to all questions. An untruthful answer will subject you to expulsion from the Old Trails Rifle & Pistol Club, INC.

- A. Have you been convicted in any court of a crime punishable by Imprisonment for a term exceeding one year? YES ___ NO ___
- B. Are you a fugitive from justice? YES ___ NO ___
- C. Are you an unlawful user of, or addicted to, marijuana, or a depressant, stimulant or narcotic drug? YES ___ NO ___
- D. Have you ever been adjudicated mentally defective or have You been committed to a mental institution? YES ___ NO ___
- E. Have you ever been discharged from the Armed Forces under dishonorable conditions? YES ___ NO ___
- F. Are you an Alien illegally in the U.S.? YES ___ NO ___
- G. Are you a person who, having been a citizen of the U.S. renounced your citizenship? YES ___ NO ___
- H. Do you currently possess a valid Indiana Handgun Permit? YES ___ NO ___

Type _____ Valid to _____

Signature _____ Date _____

NRA MEMBER STATUS Annual Yes ___ No ___ **APPLYING For: OUTDOOR:** ___ Date: ___ Due: \$70.00
 Life Yes ___ No ___ **INDOOR:** ___ Date: ___ Due: \$50.00
 Joined with Club Yes ___ No ___ New Member: \$10.00
 Other Yes ___ No ___ TOTAL: _____

NRA Member Number _____ Expiration Date: ___/___/___ Must Provide a Copy of your Card!

Mailed to: **OTRPC, P.O.Box 2511, RICHMOND, IN 47375-2511**