Official Use

Adult Members name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. Paid $\_\_\_\_\_\_\_\_ cash / check #\_\_\_\_\_\_

Junior Members name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Member / Renewal Date \_\_\_\_\_\_\_\_\_\_\_\_

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**ROCK COUNTY RIFLE AND PISTOL CLUB, INC**

**P.O. BOX 640**

**JANESVILLE, WI 53547**

**Junior Membership Application**

**(Print Clearly)**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_

Zip Code\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your reason for wanting to be a Junior Member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What experience do you have with firearms? (Please circle the letter that best fits your situation)

A. Little or no experience (I’m joining to learn how to handle and shoot a firearm safely)

B. Moderate experience (Have obtained a hunter safety permit and have gone hunting; or, have done some shooting at an indoor/outdoor range)

1. What types of firearms have you used either hunting or at a range? (Circle all that apply)

 a. Shotgun b. rifle c. pistol

Would you be interested in Archery? Yes / No (please circle one)

Would you be interested in shooting trap? Yes / No (please circle one)

**To become a Junior Member you must be sponsored by a member parent, grandparent, or legal guardian.**

Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (printed) Signature I.D. #

(Revised 04/20/2019)