Official Use		
Adult Members name	Amt. Paid \$	cash / check #
Junior Members name		
	*********	
ROCK C	COUNTY RIFLE AND PISTOL CL P.O. BOX 640 JANESVILLE, WI 53547	UB, INC
Junio	or Membership Applica	ation
Last Nama	(Print Clearly)	Middle Initial
Mailing Address	First NameCity	Wilddle Initial
7in Code Fmail Addre	City	State
Home phone	ess _ Cell Phone Date of Birth	
mome phone		Date 01 Dil til
What is your reason for wanting t	to be a Junior Member?	
·	th firearms? (Please circle the lette	,
A. Little or no experience (i m joir	ning to learn how to handle and sh	oot a firearm safely)
done some shooting at an indoor,	otained a hunter safety permit and /outdoor range) ou used either hunting or at a rang	
Would you be interested in Arche	ery? Yes / No (please circle one)	
Would you be interested in shoot	ring trap? Yes / No (please circle or	ne)
To become a Junior Member you guardian.	ı must be sponsored by a member	parent, grandparent, or legal
Sponsor		
SponsorName (printed)	Signatur	e I.D. #
(Revised 04/20/2019)	Š	