

Hampton Rod and Gun Club, Inc.



Membership Application

(Please print clearly)

Name: _____ New Member Number: _____

Address: _____

City: _____ State: _____ ZIP+4: _____ - _____

Phone: (____) _____ Email: _____

Date of Birth: ____/____/____ HR&G Club Member Sponsor: _____

Emergency Contact: _____ Phone: (____) _____

Membership in the NRA is required:

NRA membership Number: _____ Date: ____/____/____

Life / Endowment Member _____ or Expiration Date _____

If you are not a current NRA member, or need to renew your membership in the NRA, complete page 2 of this application and enclose payment.

Have you ever been convicted of a crime that under current State or Federal Laws prohibits you from purchasing, possessing, or owning a firearm?

Yes ___ No ___ If yes, provide a detailed written explanation with application

Have you ever taken any firearms training courses?

Yes ___ No ___ If yes, please provide the names of the course sponsors and date(s) attended.

Membership Fees:

___ \$150.00 Initiation Fee \$75 for past members, military and police officers (fee waived for member's children)

___ \$150.00 Individual Membership (pro-rated for partial year by quarters)(Free for Active Military)

___ \$40.00 NRA membership (*Includes choice of magazine*)

___ \$10.00 NRA Associate Membership (*Does not include a magazine*)

\$ _____ Total

I, _____, attest that the statements on this form are true to the best of my knowledge. I understand that if any statement on this form is found to be false, my membership may be terminated.

Signature: _____ Date: _____

Make check/money order payable to **HAMPTON ROD & GUN CLUB, INC.**

COMPLETED forms with check or money order are to be mailed to Membership Committee, Hampton Rod & Gun Club, Inc. P.O. Box 826, Hampton, NH 03842. Inquires requiring membership are to be directed to the Membership Committee at: hamptonrodandgunclub@gmail.com

National Rifle Association of America Membership Application

(Please print clearly)

Date: ___/___/___

If renewal, list NRA Member#: _____

Name: Mr. / Mrs. / Ms. _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (____) _____ - _____

Email: _____

Membership Fees:

Associate membership 1 year: \$10

Regular Membership – 1 Yr.: \$40.00

3 Yr. Membership: \$100.00

5 Yr. Membership: \$140.00

Life Membership: \$1500.00

Distinguished Life Membership (Age 65+) \$750.00

Choose One Magazine: America's 1st. Freedom: ____ American Rifleman: ____ American Hunter: ____

Associate Membership – 1 Yr. \$10.00

(Associate Membership does not include magazine)

NRA Total: \$ _____