FLUSHING RIFLE & PISTOL CLUB

MEMBERSHIP APPLICATION

FOR INFORMATION ONLY
DO NOT SEND PAYMENT
WITH APPLICATION

Initiation Fee	$200
Regular Membership	$105/yr
Family Membership	$110/yr

INSTRUCTIONS:

Print all information neatly.
Sign & Date at the bottom
Mail completed application to: FLUSHING RIFLE & PISTOL CLUB
P.O. Box 134
Flushing, MI 48433

810-659-9149
www.flushingrifleandpistol.com

****IMPORTANT** Applications must be mailed to the club's address above. DO NOT SEND PAYMENT WITH APPLICATION. ALL APPLICATIONS MUST BE APPROVED BY THE BOARD.**

Applications received through the mail will be presented at the next Board of Directors meeting for approval. If membership space is available and the Board of Directors approves the application, you will be contacted to set up a new member orientation. Upon completion of the orientation, you will be asked to pay a one time initiation fee & 1st years dues and then receive a key. If there isn't space available, you will be put on a waiting list, in the order of date received. You WILL NOT be contacted until space becomes available. You can check the "Waiting List" status by accessing our website. It is located on the Membership Application tab - click on "Waiting List."

NAME_____ **DATE OF BIRTH**_____

ADDRESS_____ **TELEPHONE**_____

CITY_____ **ZIP CODE**_____

SPOUSE'S NAME_____

E MAIL ADDRESS _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? **NO** ☐ **YES** ☐

NRA MEMBERSHIP IS REQUIRED TO BECOME A MEMBER **NRA #** _____ **EXP. DATE** _____

Please indicate your areas of interest:

( ) PPC ( ) .22 Rimfire ( ) Training
( ) Bullseye ( ) Fun Shooting ( ) Instructor
( ) Coach ( ) Other: _____

BY SIGNING THIS APPLICATION BELOW, I AGREE TO BE BOUND BY THE FLUSHING RIFLE & PISTOL CLUB, INC. BY-LAWS AND ALL RULES AND REGULATIONS SET FORTH BY THE BOARD OF DIRECTORS

APPLICANT SIGNATURE _____ **DATE** _____

THIS AREA FOR CLUB USE ONLY

Date Received _____ Date Postmarked _____ Board approved ( ) yes
( ) no
( ) waiting list

Date approved _____ Sponsor _____

New Member Orientation / range safety by _____ Date _____

Date Payment received _____ Amount _____ Received by _____

Date Key Issued _____ Key number _____ Issued by _____