

Wilderness Road Muzzleloaders MEMBERSHIP APPLICATION

Name:

Address:

Phone: Home ()

Cell ()

Email:

NRA Membership #:

Optional

NMLRA Membership #:

Optional

Emergency Contact Name:

Emergency Contact Phone #:

I HEREBY DECLARE THAT I DO NOT HAVE ANY LEGAL RESTRICTIONS OR ACTIONS THAT WOULD RESTRICT ME FROM OWNING, HANDLING, AND USING FIREARMS AND AMMUNITION. I ALSO DECLARE THAT I WILL UPHOLD A POSITIVE IMAGE OF The Wilderness Road Muzzleloaders Club (WRM), AND WILL ABIDE BY THEIR RANGE RULES AND CLUB BYLAWS. I UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN MY EXPULSION FROM THE CLUB AND CLUB'S PROPERTY. Permission is granted for WRM to verify any information listed. I declare that all information is legal and true.

Signature:

Date:

Club Member Sponsor*:

*Club Bylaw Requirement- Applicant must have a WRM Member's sponsorship to join.