

Bald Eagles Rifle Club Membership Application

NAME _____ DATE _____

ADDRESS _____

PHONE _____

FAX _____

E-MAIL _____

AGE _____ BIRTH DATE _____

NRA# _____ EXPIRATION _____

NRA LONG RANGE/PRONE CLASSIFICATION _____

ARE YOU PROHIBITED FROM OWNING A FIREARM IN ANY STATE? _____

ARE YOU A CONVICTED FELON? _____

I HEREBY CERTIFY THE INFORMATION GIVEN IS CORRECT.

SIGNATURE

CLUB MEMBER SPONSORS

1) _____ 2) _____

SEND COMPLETED FORM AND DUES CHECK TO:

BALD EAGLES RIFLE CLUB
4066 Norman Court
Vacaville, CA 95688