

**MEMBERSHIP APPLICATION
PETERSHAM GUN CLUB
ADULT (OVER 17 YRS OLD)**

NAME: _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: H- _____ C- _____ DATE OF BIRTH: ___/___/___

EMAIL ADDRESS _____

REASON FOR JOINING: _____

DO YOU HAVE AN FID OR LTC?: _____

ARE YOU A MEMBER OF GOAL OR THE NRA?: _____

NEW MEMBER: \$35.00 _____ IF NEW WHO REFERRED YOU _____

RENEWING MEMBER: \$30.00 _____

I, THE UNDERSIGNED, UNDERSTAND IF ACCEPTED WILL BE ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF MEMBERSHIP TO THE PETERSHAM GUN CLUB, INC., AND AGREE TO THE RULES SET FORTH BY THE CLUB. I ALSO UNDERSTAND THAT DUES ARE DUE EVERY OCTOBER AND FAILURE TO PAY BY MARCH 1ST WILL MEAN LOSS OF MEMBERSHIP.

SIGNATURE OF APPLICANT: _____ DATE: _____

**APPLICATION VIA THE WEBSITE
SEND APPLICATION AND CHECK OR
MONEY ORDER TO:**

**PETERSHAM GUN CLUB
158 NELSON RD
PETERSHAM, MA 01366**

