

**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, UPON COMPLETION OF ORIENTATION OF CLUB RULES, WILL BE ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF MEMBERSHIP TO THE PETERSHAM GUN CLUB, INC. I ALSO UNDERSTAND THAT DUES ARE DUE EVERY OCTOBER 1ST AND

FAILURE TO PAY BY MARCH 1ST WILL MEAN LOSS OF MEMBERSHIP.
ORIENTATION DATE: _____ MEMBER OR OFFICER
SIGNED: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

ORIENTATION OF CLUB RULES AVAILABLE SUNDAYS FROM 10AM-2PM OR BY MEMBER.

UPON COMPLETION OF THE ABOVE, APPLICATION WILL BE VOTED ON FOR

MEMBERSHIP APPROVAL.

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

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

