



APPLICATION FOR MEMBERSHIP

SPONSOR		
APPLICANT'S NAME AS IT SHOULD APPEAR ON ID AND OFFICIAL COMMUNICATIONS		
E-MAIL ADDRESS TO BE USED FOR OFFICIAL COMMUNICATIONS		
MAILING ADDRESS TO BE USED FOR OFFICIAL COMMUNICATIONS		
CITY, STATE ZIP		
PHONE (CIRCLE: HOME WORK CELL)	PHONE (CIRCLE: HOME WORK CELL)	
DATE OF BIRTH (DAY MONTH YEAR)	CITIZENSHIP	NRA NUMBER
OCCUPATION/SKILLS		
FIREARMS TRAINING/EXPERIENCE		
INTERESTS (CIRCLE ALL THAT APPLY)		
ARCHERY	HANDGUN	RIFLE
SHOTGUN	RECREATION	COMPETITION
		TRAINING

Sponsor certifies the following:

Applicant is personally known to me and the information on this application is, to the best of my knowledge, true and accurate.

SPONSOR'S SIGNATURE	DATE (MONTH DAY YEAR)
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Applicant certifies the following:

I am a legal resident of the United States of America or Canada. I am not a member of any organization which advocates, supports, or engages in illegal activities. I may legally possess firearms in the state of Michigan. If I am granted membership, I will fulfill the obligations of good sportsmanship and citizenship and abide by the policies and Constitution of Livingston Gun Club.

APPLICANT'S SIGNATURE	DATE (MONTH DAY YEAR)
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