RESERVED FOR OFFICE USE

KEY#_____

APPLICATION FOR MEMBERSHIP

The Mystic Valley Gun Club, Inc.
146 Canal Street, Malden MA 02148
Tel. (781) 322-7894

To: Membership Committee:

Believing in the policies and aims of the Mystic Valley Gun Club I request favorable consideration of my application

PLEASE PRINT ALL INFORMATION

Date:_____

Last Name:_____First Name:_____MI:_____
Street:_____City:_____Zip:_____
Phone:( )_____Age:_____Place of Birth:_____D.O.B____/____/____
Address immediately prior to the above:_____
Occupation:_____Employed By:_____
Address of Employer:_____Length of Employment_____
Military Service:(Branch of Service and Dates):_____
What experience have you had with firearms?_____
_____
With what other Clubs OF ANY NATURE have you been affiliated? (Please provide approximate dates):_____
_____
Have you ever been convicted of any crime?_____If YES, give details:_____
_____
MASS. PISTOL PERMIT#:_____NRA Membership#:_____

Signature of Sponsor:_____

I have read & accepted Range Rules

Signature of Applicant:_____

Membership Committee:_____

PLEASE READ REQUIREMENTS ON BACK