



2012 MEMBERSHIP APPLICATION

**Mail this form and annual dues
of \$25.00 to:**

**Fox Valley Women Shooters
c/o Stephanie Morgan
5986 Rock Road
Hortonville, WI 54944
samorgan5986@ymail.com**

Name: _____ Email: _____
(please print) (please print)

Address: _____

Phone: (H) _____ (Cell) _____

How long at this address? _____ Are you under 18 years of age? ____ Yes ____ No

Are you a member of NRA? ____ Yes ____ No Are you eligible under federal law to own a gun? ____ Yes ____ No

Describe your shooting experience: _____

Describe shooting education (certificates/classes taken): _____

Would you like shooting lessons? ____ Yes ____ No

If yes, circle all that apply: ____ Pistol ____ Rifle ____ Shotgun (20% member discount)

A brief background check may be required to approve your membership. New Wisconsin residents may be required to pay a fee to have an out-of-state check completed.

OFFICE USE ONLY:

Date Rec'd: _____ Check #: _____ Amount: _____

Date Membership Materials Mailed: _____

Signature of Applicant

Date

**MAKE CHECKS PAYABLE TO:
FOX VALLEY WOMEN SHOOTERS**