

Annual Member Renewal	Life Member Renewal
Your Current Membership Number	
Annual Renewal Membership Fee is \$90.00	

Cheyenne Rifle & Pistol Club

PO Box 571
Cheyenne, WY 82003

Membership & Renewal Application

Name: _____ Date of Birth: _____

Mailing Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

NRA Membership Status (needed for insurance purposes)

Are you an NRA Member? Yes No NRA Number: _____
 Membership Type Life 5 year 3 year Annual _____ Other

I would like to receive notices about and would be willing to help with or volunteer for the following types of club activities:

<input type="checkbox"/>	Gun Show Volunteer	<input type="checkbox"/>	High Power Rifle Competitions
<input type="checkbox"/>	Personal Protection Training	<input type="checkbox"/>	Small Bore Rifle Competitions
<input type="checkbox"/>	Maintenance Crew	<input type="checkbox"/>	Construction Crew
<input type="checkbox"/>	Range Safety Officer	<input type="checkbox"/>	Range Clean-up
<input type="checkbox"/>	Junior Program Volunteer	<input type="checkbox"/>	Shooting Programs
<input type="checkbox"/>	Silhouette Shooting Competitions	<input type="checkbox"/>	Other Shooting Programs / Matches / etc.
<input type="checkbox"/>	Board of Directors	<input type="checkbox"/>	Are you an NRA Certified Instructor

I certify that I am over the age of eighteen (18), a citizen of the United States of America, and that I have never been convicted of any crime(s) of violence or of a felony. I affirm that it is my sole responsibility to keep myself informed of the current club rules and agree to follow all rules when on club property. **I understand that failure to follow the rules or destroying club property is grounds for termination of my club membership.**

Signature: _____ Date: _____

*Make checks payable to:
Cheyenne Rifle and Pistol Club*

CLUB USE ONLY

New Membership Number _____ Ck # _____ Rcvd by: _____